London Borough of Lewisham
COVID-19 Outbreak Prevention and Control Plan

TO ACTIVATE THIS PLAN, GO TO SECTION 7.2

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Issue & Review Register

Summary of changes	Issue number & date	Approved by
First version of Lewisham COVID-19 Outbreak Prevention and Control Plan compiled by CM, HB, KL and KM	v.1.0 30/06/2020	KW (Kim Wright, Chief Executive)
Section on asymptomatic testing, care home testing, local lockdowns, national second lockdown, and convening IMT added. Details added about additional powers of UTLA/ULA to impose closures and targeted restrictions as per contain framework. Guidance on visitation in care homes. PHE / NHS T&T action cards, isolation guidance for exposed HCWs, updates on support for the Clinically Extremely Vulnerable (shielders). HMO and student accommodation SOP. Compiled by LM, YYB and SAL	v.2.0 05/11/2020	CM (Catherine Mbema, DPH)

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Abbreviations

ADPH	Association of Directors of Public Health
BAME	Black Asian & Minority Ethnic Groups
CAG	Confidentiality Advisory Group
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CTAS	Contact Tracing Advisory Service
CYP	Children and Young People
DASS	Director of Adult Social Services
DCS	Director of Children's Services
DHSC	The Department of Health and Social Care
DPH	Directors of Public Health
DPH	Director of Public Health
EHO	Environmental Health Officer
EPPR	Emergency Prevention, Preparedness and Response Team (SE regions, NHS England)
GDPR	General Data Protection Regulations
GP	General Practice
HMO	House in Multiple Occupation
HPB	Health Protection Board
HWBB	Health and Wellbeing Board
ICC	Incident Co-ordinating Centre
IMT	Incident Management Team
IPC	Infection Prevention Control
JBC	Joint Biosecurity Centre
LA	Local Authority
LB	London Borough
LBL	London Borough of Lewisham
LCRC	London Coronavirus Response Cell
LHRP	Local Health Resilience Partnership
LOCP	London Borough of Lewisham COVID-19 Outbreak Prevention and Control Plan
LOEB	Local Outbreak Engagement board (Joint Health and Wellbeing Board)
LRB	London Recovery Board
LRF	Local Resilience Forum
LRTW	London Recovery Taskforce And Workstrands
LTB	London Transition Board
LTMG	London Transition Management Group and Strategy Groups
MAIC	Multi Agency Information Cell
MSOA	Middle Layer Super Output Area
NHS	National Health Service
NHS T&T	NHS Test and Trace
NPI	Non-pharmaceutical interventions
ONS	Office for National Statistics
OPCP	Outbreak Prevention and Control Plan
PHC	Public Health Consultant
PHE	Public Health England
PHE HPT	Public Health England South London Health Protection Team
PPE	Personal Protective Equipment
SCG	Strategic Coordinating Group
SEL	South East London
SITREP	Situation Report
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
TCG	Tactical Coordinating Group

UTLA	Upper Tier Local Authority
VCS	Voluntary and Community Sector
WHO	World Health Organisation

Definitions

Single suspected/possible case – a person with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell)
Single confirmed case – a person who has tested positive for coronavirus
Single complex case – a suspected or confirmed case of coronavirus where this is complicated factors (e.g. homelessness, Learning difficulties)
LCRC defined Community Cluster - An MSOA with positive cases in four or more households in the preceding 7 days or a household with 5 or more cases reported within the last 14 days
Lewisham defined Community Cluster - An MSOA with positive cases in 8 or more households in the preceding 7 days or a household with 5 or more cases reported within the last 14 days
Outbreaks - defined by Public Health England, as two or more suspected and/or confirmed cases associated with the same setting and with onset during a 14-day period.
Middle Layer Super Output Area (MSOA) – a geographical area that is larger than a postcode but smaller than a ward, with a minimum population of 5000 people
'Vulnerable' - a person who has support needs and is required to self-isolate
Incidents - one or more suspected or confirmed case of COVID-19 associated with a setting. Where there is a single case the focus is on outbreak prevention.
Contact - anyone in close contact with a confirmed case from 48 hours prior to onset of symptoms until they self-isolate.
Close contact means:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
    - being coughed on
    - having a face-to-face conversation within one metre
    - having skin-to-skin physical contact, or
    - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

Executive Summary

As part of the UK government's COVID-19 recovery strategy, the NHS Test and Trace service was launched on 28th May 2020 with the primary objective to control the COVID-19 reproduction (R) rate, reduce the spread of infection, save lives, and help return life to as normal as possible for as many people as possible in a way that is safe, protects health and care systems, and restarts the economy. As we enter the next stage of this pandemic, the ability to test and trace individual cases and outbreaks will be vital in how we contain and manage this disease. We know that COVID-19 does not affect all equally with it being most damaging to those who are older, from Black, Asian and minority ethnic (BAME) communities, and those from lower socio-economic backgrounds.

Lewisham has one of the most diverse populations in the country and also has high levels of deprivation meaning we are particularly susceptible to the disease. Therefore, it is vital we protect the most vulnerable to this disease. That is why Lewisham's plans puts these key groups at the heart of its strategy and will ensure that there is tailored messaging and support to these and other key groups. Achieving these objectives requires a co-ordinated effort between local government, the National Health Service, Public Health England, police and other relevant organisations at the centre of outbreak response set out in a Local Outbreak Prevention and Control Plan.

Throughout the pandemic Lewisham's Public Health team has responded superbly, for example ensuring that care homes had the latest guidance on PPE and training in disease prevention. Building on this knowledge, the Public Health team have ensured this plan focuses on planning for outbreaks in high risk areas such as care homes, schools and homeless shelters. Additionally, the plan will also build upon the strong relationships and partnerships across the borough between the Council, Lewisham Greenwich NHS Trust and local healthcare providers to ensure that all aspects of this strategy from communications, infection control, social distancing, and testing and contact tracing are successful.

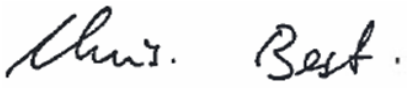
The Lewisham COVID-19 Outbreak Prevention and Control Plan sets out the arrangements, processes and actions that will effectively prevent and manage outbreaks of COVID-19 to ensure that Lewisham residents and communities are protected from the impact of COVID-19. The plan brings together the existing outbreak prevention and management work of national and regional PHE, local authority public health teams, the national NHS test and trace service, Joint Biosecurity Centre and collaboration of wider system partners to form a robust framework for COVID-19 outbreak management in Lewisham.

The themes are;

1. Governance structures that have been established and are led by the Lewisham COVID-19 Health Protection Board and supported by the Strategic Coordinating Group of the Local Outbreak Engagement Board through the Lewisham Health and Wellbeing Board (HWBB) (**Section 4**)
2. Arrangements to manage care homes & education setting outbreaks including defining monitoring arrangements, identifying potential scenarios and planning required responses (**Section 5**)
3. Arrangements in place to manage outbreaks in other high-risk places, locations and communities of interest including sheltered housing, transport access points & detained settings including defining monitoring arrangements, identifying potential scenarios, and planning required responses (**Section 5**)
4. Managing the deployment and prioritisation of services available for local testing which allows for a population level swift response. This includes delivering tests to isolated individuals, establishing local pop-up sites and hosting mobile testing units at high-risk locations (**Section 6**)
5. Monitoring local and regional contact tracing and infection control capability in complex settings and the need for mutual aid, including developing options to scale capacity if needed (**Section 7**)
6. Integrating national and local data and scenario planning through the surveillance and analytics during a pandemic (**Section 8**)
7. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities (**Section 9**)

8. Communicating with the public and local partners in Lewisham; essential for managing outbreaks effectively (**Section 10**)

This is a crucial time in this pandemic and this Outbreak Prevention and Control Plan is essential in ensuring that any new cases are quickly contained before new outbreaks can take place. It is also right that we have made protecting the most vulnerable at the heart of this plan acknowledging the disproportional impact this disease has on those from BAME communities, on older residents and those on the lowest incomes.



Cllr Chris Best
Deputy Mayor and Cabinet Member for Health and Adult Social Care

1. Introduction

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of an unknown cause detected in Wuhan City, Hubei Province, China (1). On 12 January 2020 it was announced that a novel coronavirus had been identified, this virus is referred to as SARS-CoV-2, and the associated disease as COVID-19 (2). On 11th March 2020 the WHO declared the COVID-19 outbreak a pandemic (3). As of 25 June 2020, over 9.1 million cases have been diagnosed globally, with more than 473,000 fatalities (4). The total number of confirmed cases in the UK is published by the Department of Health and Social Care (DHSC) and local numbers by Public Health England (PHE) are available here (5)

The UK Government's response strategy for managing the COVID-19 pandemic is now entering its next phase. Up to date information about the national response can be found here (6). As places such as schools and shops start to open and as the NHS Test and Trace service (7) becomes more established, additional support is required to ensure this is delivered safely and effectively.

Under the Health and Social Care Act 2012 (8), Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect the population's health. They must ensure plans are in place to respond to and manage threats such as communicable disease outbreaks which present a public health risk. DPHs fulfil this duty through collaboration across a range of partners. These include local authority (LA) environmental and public health teams (including consultants in public health), Public Health England (PHE), National Health Service (NHS) organisations and other agencies.

As part of the UK Government's COVID-19 recovery strategy, the DHSC has mandated the development of local COVID-19 Local Outbreak Control Plans by UTLA and ULAs. National government has provided LAs with £300 million additional funding to support delivery of these LOCPs.

1.1. Purpose & Scope

The London Borough of Lewisham COVID-19 Outbreak Prevention and Control Plan (LOCP) will augment existing health protection arrangements in place within Lewisham. This plan will enable additional specific action to be taken to address COVID-19 outbreaks. Its aims and themes are set out in the **Executive Summary** (see page 7).

The LOCP is based on Public Health Outbreak Management Standards (9), and health protection functions for local government. These functions are outlined in "Health Protection in Local Government Guidance (10) placing primary health protection roles at both District/Borough and County Council level, with other functions sitting with PHE and the Guiding Principles for Effective Management of COVID-19 at a Local Level (11)

The LOCP includes;

- London Borough of Lewisham (LBL) resilience and recovery strategies including their work with key settings, communities, and populations to prevent, identify and control outbreaks, facilitate communication, and meet any additional needs.
- Specific roles, responsibilities, and individual arrangements for and between Lewisham outbreak control organisations in preventing, identifying, and responding to COVID-19 outbreaks.
- Lewisham-wide information and communication flow maps including key processes to be followed proactively day to day (e.g. infection control) and in the case of COVID-19 outbreaks.
- Trigger points for escalation and deployment of certain processes
- Existing national, regional, and local level plans (e.g. Action Cards & Standard Operating Procedures) for high risk locations & vulnerable populations
- Proactive and reactive communications and engagement plans including prepared / example materials and data usage to tailor messaging.

Please see **Section 7.2** for examples on how LOCP can be used in different elements depending on where transmission is occurring (e.g. a specific setting, community or population group).

2. Lewisham in Context

An estimated 303,536 people live in 18 wards of Lewisham[1]. Lewisham is the sixth largest inner London borough and the fourteenth largest in London.

2.1. Health Needs of Residents

- Women in Lewisham can expect to live for 81 years and men 76 years. Life expectancy in Lewisham is below that of London (80.7 years for males and 84.5 years for females) and England (79.3 years for males and 82.9 years for females), for both males and females. Within South East London, it is below those in Bexley, Bromley and Southwark, but not significantly different from that of Greenwich and Lambeth.[2]
- The estimated prevalence data that is available from Local Tobacco Control Profiles[3], states a smoking prevalence of 27.1% for the three-year period 2006/2008, higher than the England prevalence of 22.2% and London prevalence of 20.8%.
- The published data for Lewisham on the prevalence of excess weight (overweight and obese) in adults is 61.2%, similar to the national average but higher than the London average (57.3%)[4]. Obesity is known to be a COVID-19 risk-factor[5].
- Increasing age is known to be a COVID-19 risk factor[5]. Lewisham has a population of 28,481 residents aged 65+. Thus, the proportion of the population aged over 65 years is 9.4%, compared to the England average of 18.2%. This is expected to rise to 10.2% by 2025.
- Non-white ethnicity is also known to be a COVID-19 risk-factor[5]. Lewisham is the 15th most ethnically diverse local authority in England, and two out of every five residents are from a black and minority ethnic background. The largest BME groups are Black African and Black Caribbean: Black ethnic groups are estimated to comprise 30% of the total population of Lewisham.
- A 2018 report found there to be significant inequalities in the health outcomes between residents of Lewisham wards, with the ward with highest premature mortality 2 times higher compared with the ward with lowest premature mortality[6].

2.2. Health & Social Care Landscape

Our Healthier South East London (OHSEL)[7] is the NHS Sustainability and Transformation Partnership (STP) for south east London. The Lewisham council, Lewisham and Greenwich NHS Trust and Lewisham Council are part of this partnership. They aim to address three problems in local healthcare:

- The health and wellbeing gap – people should be helped to lead healthier and longer lives;
- The care and quality gap – variation in the accessibility and quality of care should be improved; and
- The funding and efficiency gap – the NHS must become more efficient and make better use of the money available.

Organisations involved in the delivery and/or support of Lewisham residents' health and social care needs include:

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[1] Office for National Statistics, "Local Authority Profile - Resident Population," 2018.
[2] Health in Lewisham
[3] Association of Public Health Observatories: Local Tobacco Control profiles 2010.
[4] Tackling obesity in Lewisham
[5] Public Health England, "Disparities in the Risks and Outcomes of COVID-19," 2020.
[6] Health inequalities briefing Lewisham
[7] Our Healthier South East London (OHSEL)

- 42 General Practice (GP) Surgeries
- 2 Hospitals (University Hospital Lewisham and Queen Elizabeth Hospital)
- 55 pharmacies and 1 Dispensing Appliance Contractor (DAC)
- 16 Dentists
- 6 Primary Care Networks
- 6 Integrated Care Partnerships (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark)
- 1 Mental Health Trust
- London Ambulance Service
- 1 Clinical Commissioning Group (CCG)

2.3. The Impact of COVID-19

There have been 1,392 lab-confirmed cases of COVID-19 in Lewisham reported to PHE as of 8st Sep 2020. This is a rate of 455.1 cases per 100,000 population.

3. Legal Context

The DPHs in UTLA and ULAs have a statutory duty to prepare for and lead the LA public health response to incidents that present a threat to the public's health. As such, they are responsible for developing the LOCP and will work closely with local partners to control and manage the spread of COVID-19 outbreaks as part of a single public health system. Specific legislation to assist in outbreak control of COVID-19 in the UK is detailed below.

3.1. Public Health (Control of Disease) Act 1984

To prevent the spread of infection or contamination, the Public Health (Control of Disease) Act provides that Justices of the Peace may impose restrictions and requirements on individuals, premises, groups, and objects through orders, known as "Part 2A Orders." This can be implemented by Environmental Health Officers.

3.2. Public Health (Control of Disease) Act 1984

The Civil Contingencies Act 2004 places two duties on responders to public health crises. The first duty is to warn and inform the public of any likely risks and threats that NHS organizations may address, and of any planned responses to these risks and threats. The second duty is the organization's response to a crisis. This can be implemented by Emergency Planning.

3.3. Health Protection (Coronavirus, Local COVID-19 Alert Level) (Very High) (England) Regulations 2020

Under the Coronavirus Act (12), the Health Protection (Coronavirus Restriction) (England) Regulations 2020 as amended (13) sets out the current restrictions and regulations in place as well as the powers that DPHs from UTLAs and ULAs can draw on in order to respond to an outbreak and control the transmission of COVID-19 in its area. From 14th Oct 2020, DPHs from UTLAs and ULAs can apply restrictions in relation to the Tier 3 local COVID alert levels. They will have the authority to close individual premises and public outdoor places as well as restrict events with immediate effect if they conclude it is necessary and proportionate to do so without making representations to a magistrate. The use of these powers should be an option of last resort where individuals or organisations are unable, unwilling, or opposed to taking actions that reduce the spread of this virus. The powers of the police to enforce restrictions, closures and lockdown measures also flow from these regulations. The Regulations came into force on 18 July 2020 and are supported by statutory guidance, which the local authority must have regard to. They continue until the 17 January 2021.

Premises which form part of essential infrastructure will not be in scope of these powers and DPHs will therefore need to engage with the setting owner and the NHS Test and Trace Regional Support and Assurance team, who will work with the relevant government department to determine the best course of action.

In exercising any of these powers the UTLA/ULA must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days. UTLA/ULAs may also seek support from ministers to use powers under the Coronavirus Act 2020 to close schools or limit schools to set year groups attendance, to cancel or place restrictions on organised events or gatherings, or to close premises.

3.4. Health Protection Regulations 2010 (as amended)

The powers contained in the suite of Health Protection Regulations 2020 as amended (13), sit with district and borough council and ULA Environmental Health teams.

The Health Protection (Local Authority Powers) Regulations 2010 (14) allows a LA to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health.

The Health Protection (Part 2A Orders) Regulations 2010 (15) allow a LA to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort, requiring specific criteria to be met and are labour intensive. These Orders were not designed for the purpose of 'localised' lockdowns, so it is possible that there may be a reluctance by the Courts to impose such restrictions and the potential for legal challenge.

3.5. Data Sharing

There will be a proactive approach to sharing information between local responders, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004 (16). Further details regarding data sharing and information governance can be found in **Section 8.4**

4. Theme 1 – Local, Regional and National Governance Structure

The *Guiding Principles for Effective Management of COVID-19 at a Local Level* sets out that ULA and UTLA Chief Executives, in partnership with the Director of Public Health and Public Health England Health Protection Team, are responsible for signing off the Local Outbreak Control Plan (11)

Alongside the development of LOCPs, it recommends the formation of three critical local roles in outbreak planning alongside community leadership. Building on the robust governance structures used for the COVID-19 pandemic response in Lewisham, the three main governance levels for development implementation and oversight of the plan will be as outlined in **Figure 1** below. Escalation and decision making around the management of an outbreak will be outlined in 'Data Integration' and 'Outbreak Management' sections below.

4.1. Lewisham COVID-19 Health Protection Board

In line with above, the Lewisham COVID-19 Health Protection Board (HPB) was formed. Led by the Director of Public Health (DPH), the HPB provides assurance that there are safe, effective and well-tested plans in place to protect the health of local population during COVID-19. They provide infection control expertise; lead development and delivery of local plans (DsPH) and link directly to PHE London Coronavirus Response Cell (LCRC). HPB meets weekly depending on operational requirements and

serves to ensure effective system wide collaboration whilst providing strategic oversight for both the development and delivery of the LOCP. It is a multi-agency representation, including Public Health, NHS (incl. CCG, LGT, Primary Care), Environmental Health, Education. HR, Communications. Led by DPH, this board is accountable to Local Authority Gold.

4.2. Local Authority Gold/Silver/Bronze

The Lewisham Gold is responsible for implementing the Council's overall Covid19 Outbreak Control Plan management, policy and strategy and achieving its strategic objectives; delivering swift resource deployment; owns the connection with the Joint Biosecurity Centre, Government departments & COBR. In order to ensure a coordinated, strategic Council-wide response to COVID-19, the Council's Director of Public Services, Ralph Wilkinson, was designated Gold Director to act as a single point of contact in managing the Council's emergency response to COVID-19 (and accountable to Mayor and Cabinet). The Gold Director acts as a liaison point between the strategic Council Gold Group, which takes decisions on the overall strategic direction of the Council's response, and the operational Council Silver Group which reviews the current position of the delivery of critical services, ensuring they continue to provide for Lewisham's residents. Supporting the Gold Director is an Incident Response Team, which includes, emergency planning, project support and secretariat support. The Executive Directors and Council officers are part of this group. The Gold Director also sits on the COVID Committee, chaired by Lewisham's Director of Public Health, which ensures a coordinated borough-wide response with key partners across Lewisham including Lewisham Clinical Commissioning Group, Metropolitan Police, Lewisham Homes and Lewisham Hospital among others.

4.3. Local Outbreak Engagement Board

As stipulated by the DHSC, there is a need for a Local Outbreak Engagement Board (LOEB) to provide political ownership & facilitate public and stakeholder engagement for the COVID-19 Local Outbreak Control Plan. In Lewisham, Health and Wellbeing Board members including LBL Executive Directors of Community Services and Children and Young People, Chair of Lewisham and Greenwich NHS Trust, South London and the Maudsley NHS Trust representative and Lewisham Healthwatch. Other stakeholders may also be invited as required e.g. police or Lewisham homes. Their purpose is to provide political and partner oversight to ensure a coordinated, transparent strategic response to local COVID-19 outbreaks and facilitate collaboration across the region where necessary. They provide timely communication to the public, public-facing delivery oversight of Test and Trace programme locally, and act as liaison to Ministers as needed. This board is led by the Mayor of Lewisham and is accountable to both the Mayor and Cabinet.

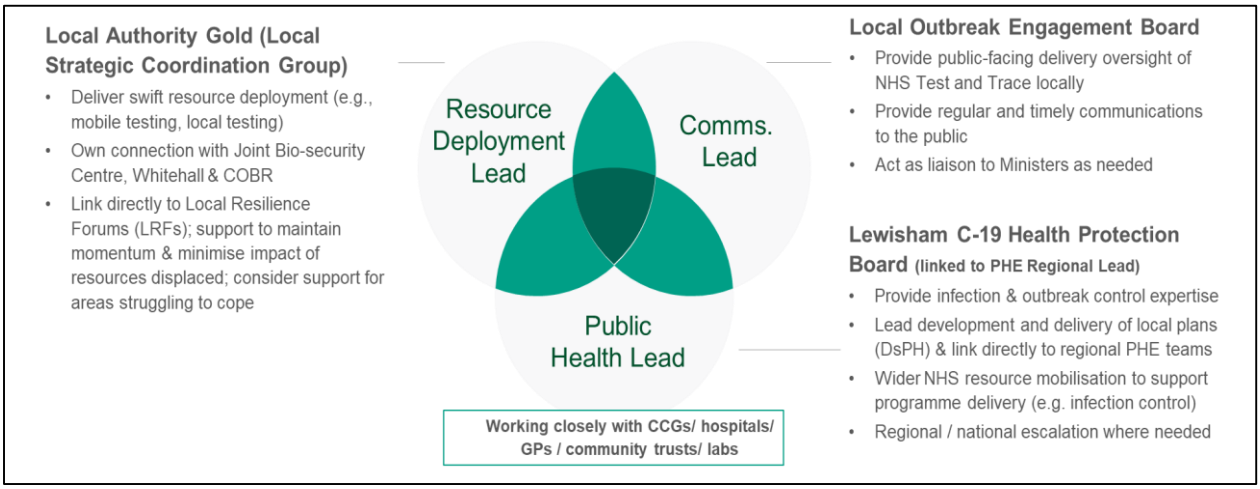


Figure 1 – Governance Structure of Local Boards

To link local to regional action, London has four boards/groups working for COVID-19 strategic direction (**Figure 2**), while local authorities have support from the London Good Practice Network supporting and

sharing materials to enable local authorities to conduct their own desktop scenario activities at a local level, and with their Local Outbreak Engagement Boards.

4.4. London Transition Board (LTB)

The LTB provides the strategic direction for the next phase of the response to COVID-19. This transition board is expected to run until the end of 2020. It is chaired by Secretary of State for MHCLG, Robert Jenrick MP and the Mayor of London, Sadiq Khan. Other representatives from London Councils, statutory agencies, trade & industry groups.

4.5. London Recovery Board (LRB)

The LRB will look at a wider, long-term economic and social recovery programme for London, following the ongoing impact of COVID-19. It is chaired by the Mayor of London, Sadiq Khan and Cllr Peter John, Chair of London Councils. Includes a range of stakeholders and representatives from across the social, economic, academic, faith and charity sectors and Government.

4.6. London Transition Management Group and Strategy Groups (LTMG)

The LTMG will provide assurance, progress, risks and issues to the LTB. It is responsible for the oversight of the joint work undertaken across London providing assurance both vertically (agency by agency) and horizontally (sub-regionally). It is chaired by John Barradell. Other members include reps from HMG, Mayor's Office, Police, NHS, PHE, Work Cell Leaders, Chairs of Sub-Regional Transition Co-ordinating Groups & Local Authorities. The strategy groups include Outbreak Control, Business Reopening, Health and Social Care London's Communities, Education (Schools), Arts and Culture.

4.7. London Recovery Taskforce and Workstrands (LRTW)

The LRTW is stood up for London's long-term recovery. Will coordinate the actions to meet the challenges identified by the London Recovery Board. The Recovery structures will expand/evolve to match the extent of the recovery work programme, likely to be agreed over the next two months. It is chaired by Dr Nick Bowes, the Mayor's Director of Policy with reps from Boroughs, London Council and the GLA. The Economic Recovery Workstrands is chaired by Georgia Gould (Leader of Camden Council) and co-chair Jules Pipe (Deputy Mayor for Planning, Regeneration and Skills) and the Social Recovery Workstrands

4.8. The London Good Practice Network (London Councils Network)

Working with London Councils, the London Good Practice Network, in mid-July 2020 held a desktop scenario planning exercise to support Leaders preparedness as boroughs move into the next phase of the pandemic response. At the session it was agreed across the London region that Local Authorities need to strike a balance around when to communicate widely with regards to a local outbreak and ensure that existing channels are utilised to share messages (e.g. GP text messages, school newsletters, ward members etc.). Politicians agreed that a localised outbreak is Business as Usual for Directors of Public Health however keeping channels of communication open between politicians and across the London region were important. The Good Practice Network is also sharing materials to enable local authorities to conduct their own desktop scenario activities at a local level, and with their Local Outbreak Engagement Boards.

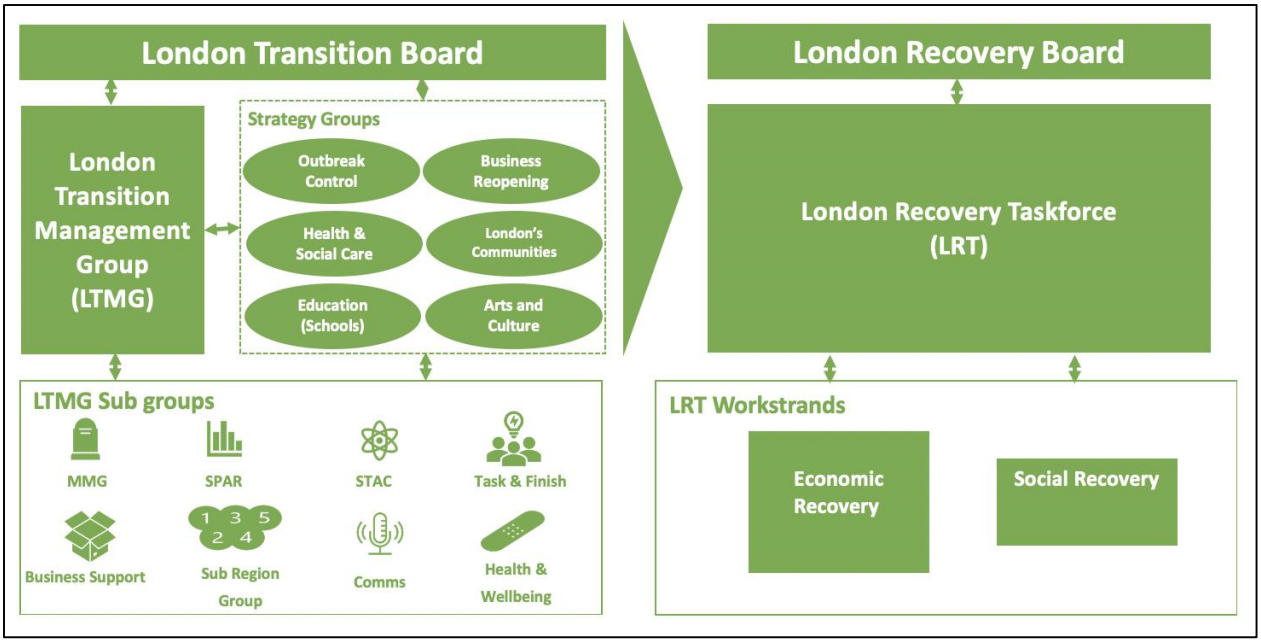


Figure 2. London Region COVID-19 Strategic Direction

5. Themes 2 & 3 - Identification of Complex Settings

This section delineates the settings, places and communities that are considered high-risk or complex. This could be because there is a risk of significant onward transmission, or there are clinically vulnerable individuals based at that setting (e.g. care homes and schools).

These settings have been identified as complex settings by PHE HPT. This means there are specific arrangements for the prevention, identification and management of cases, community clusters or outbreaks in these settings (see **Section 7**)

The list of identified complex settings in Lewisham can be found in **Error! Reference source not found.**. Each setting has a specific action card embedded within the Appendix which are signposted from **Error! Reference source not found.**. These cards;

1. Outline the triggers, process and required response for each setting, the resource capabilities and capacity implications and what current plans are in place to support these settings.
2. Have been designed to be used by those who have responsibility for an individual setting, providing a single point of access to key information on how to minimize outbreak risks and guidance on what to do if someone reports symptoms of or tests positive for COVID-19.
3. Provide a transparent and consistent approach when working with PHE HPT, Lewisham and other local partners and are intended to complement existing systems and processes for managing infectious diseases.
4. Include the PHE and NHS T&T outbreak management action cards for particular settings which can also be found online here

Table 1. List of Complex Settings and the Location of their COVID-19 Action Cards

Complex Setting	Location of Action Card
Educational Settings	Appendix 1
Workplace Settings	
Travel and Movement	
Shelter Refuges and Hostels	
Personal	
Health and Care	

6. Theme 4 - Testing

Testing & Contact Tracing (see **Section 7**) are a fundamental part of COVID-19 outbreak control. By monitoring COVID-19 closely, it should be possible to isolate infectious persons, prevent & mitigate outbreaks, and detect early warning signs of COVID-19's spread both locally and nationally. This section outlines the key steps of the local testing arrangements in place in Lewisham.

There are currently 2 types of test available for use, PCR tests and antibody tests. For the purposes of the LOCP, we shall only discuss PCR testing that identifies those currently infected with the virus. This is the primary method used for testing, contact tracing and outbreak management in Lewisham.

6.1. Access to Tests

National

Depending on the situation and setting, there are different routes by which a person can access testing. The NHS Test & Trace (NHS T&T) system is the main route of public access to test for COVID-19 (17). There are a number of national testing routes available:

- Self-referral: Lewisham residents who have symptoms of COVID-19 can access testing online through the national testing website: www.nhs.uk/coronavirus or by calling 119.
- Key Worker: Essential workers access priority testing through a dedicated national website here.
- Care Home Portals: Residents of care homes and other residential care settings are able to access testing for symptomatic and non-symptomatic residents through a dedicated national care home testing portal. The local Adult Social Care and Public Health teams will work together to prioritise settings to access this offer.

The national testing offer is available with a number of different options:

- Regional testing drive-through centres: with various sites open across London.
- Mobile Testing Units: venues are not fixed and rotate around London.
- Home Test Kits: delivered to households and then collected by courier

The national testing should offer 48-72 hour turnaround. It is anticipated that the majority of people as part of test and trace will access the testing through the national supply. In addition to these, there are testing systems set up by NHS hospitals and other commercial testing facilities. A summary diagram of testing is delineated in **Figure 4.**

These will be updated, should additional testing capacity be brought online, or future models of testing emerge.

Local

Although the majority of those with symptoms of COVID-19 requiring testing should access this through national testing programme, it is acknowledged that there will be circumstances where we need to expedite a test for an individual or a group of people, in order to make rapid decisions locally. In these instances, an assessment will be made around accessing testing via a local offer. The availability of tests and turnaround times will vary depending on other priorities for testing.

Lewisham and Greenwich Trust have PCR testing capability that is being utilised to support high risk settings not covered by Pillar 1. The testing centre is at Deptford for 3 months (7 days, 8am-8pm). This is also provided to hospital staff, patients and other frontline workers. Access to PCR tests will be determined on a case by case basis and will require a specific request to be made through the DPH as per the criteria and notification arrangements in below (**Figure 3**).

Criteria

- Symptomatic residents and staff who are not picked up through PHE outbreak management or the CQC portal.
- Sampling should be done within 3-5 days from the onset of symptoms.
- Care homes must notify incident.internal@lewisham.gov.uk with TESTING – CARE HOMES in the subject line, within 24 hours of the onset of symptoms so testing can be arranged.

Notification & kit requests

- **Notification**: Care home notifies incident.internal@lewisham.gov.uk with a number of staff, number of residents, number of symptomatic residents, and the details of the person that will be receiving the swab tests
- **Requesting kits**: LA team to request testing kits from QEH Laboratory to and inform
- **Tquest**: LA to liaise with OHL to arrange the addition of test request onto T quest (viral resp swab; nose and throat)

Swabbing arrangements**:**

- **Swabs will be supplied by LGT team**
- LA team will liaise and coordinate with the OHL Home Visiting Team to arrange for suitably qualified and trained staff to undertake the swabbing in the CH, please note nursing homes will complete their own swabbing. If there is no capacity, alternative arrangements would need to be sought.
- Swabs will be collected from and returned to UHL.
- To request swabbing please contact: incident.internal@lewisham.gov.uk with TESTING – CARE HOMES in the subject line, within 24 hours of the onset of symptoms so testing can be arranged.

Transport and results

- **Pick-up and drop-off of test kits**: Delivery to the requesting home will be organised on a case by case basis
- **Communicating test results:** Lab to inform the following channels with results within 24 hours:
  - Care Home manager

Add results to Tquest

Figure 3. Lewisham and Greenwich Trust (LGT) testing arrangements

Further details on ensuring adequate testing access for Lewisham's workforce can be found in **Section 6.3** with **Figure 5** outlining testing routes.

6.2. Testing Results and Outcomes

National guidance for the public concerning test results can be found here (18). In the event of a negative result, no further action is needed from the NHS T&T service. However, those who have been notified to have been in contact with a person with COVID-19 should continue to isolate for the full 14 day period (19). In the event of a positive test result, contact tracing services will be initiated. Whilst cases identified through the NHS T&T testing services will automatically be referred onto the PHE Contact Tracing and Advisory Service (CTAS), some testing facilities, such as those at NHS trusts, may need to manually notify PHE HPT (slhpt.oncall@phe.gov.uk or 0344 326 2052) to ensure timely notification. Support for those that need to self-isolate can be found in **Appendix 4**.

6.3. Assuring Local Testing Capacity

Lewisham will be required to support Pillar 1 of the national testing strategy (20); to scale up NHS swab testing for those with a medical need and, where possible, the most critical key workers and also for

outbreak management. If enhanced support and testing capacity is required, DPHs can escalate to the national government command structure.

- Using local intelligence to identify sites for deployment of mobile testing units (MTU) to enable us to direct national capacity to high risk areas
- Considering the options for local delivery and administration of tests to isolated, complex and vulnerable individuals. This will build on the experience gained from providing support via the Lewisham Community Hub to those who are shielding or vulnerable as outlined in the 'supporting vulnerable people' section above.
- Testing for the homeless population and hostels. A reporting and outreach testing model have been successful in avoiding major outbreaks in the homeless population by encouraging the reporting of symptomatic cases among the homeless population. Notification prompted a response from the Find and Treat team which included testing the individual, close contacts and staff and in some cases a whole location. The team also provide infection control advice tailored to the setting.

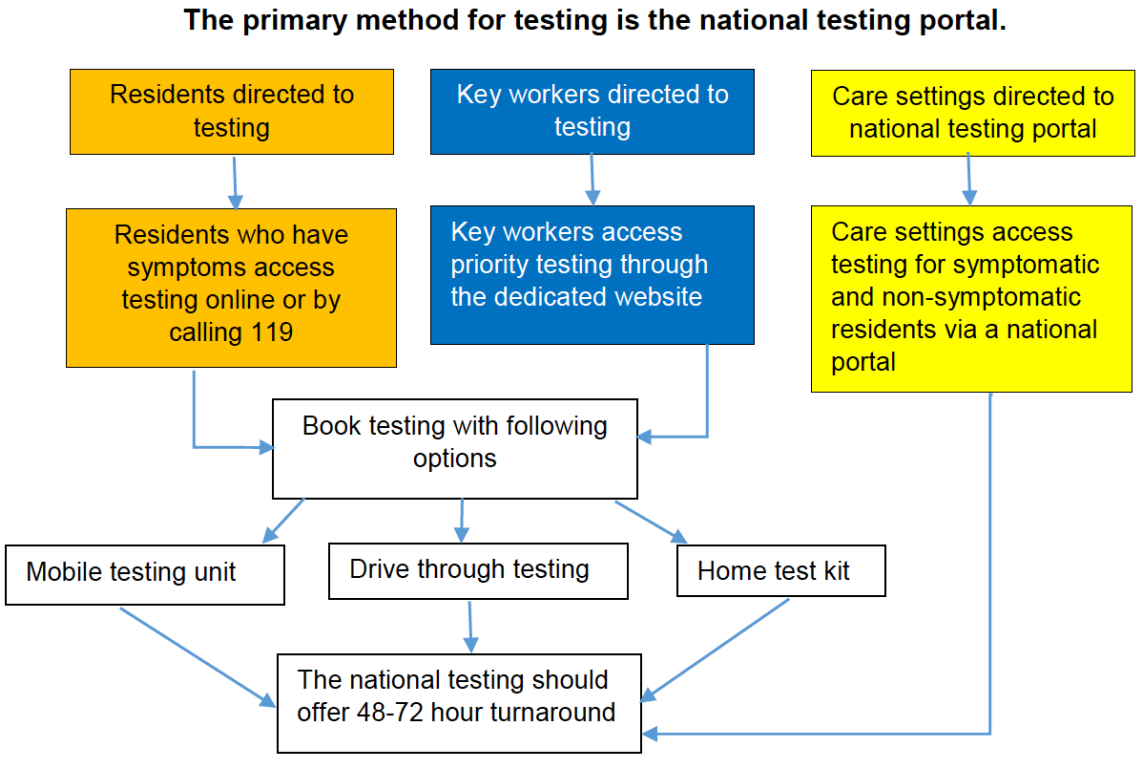


Figure 4 – Testing Delivery

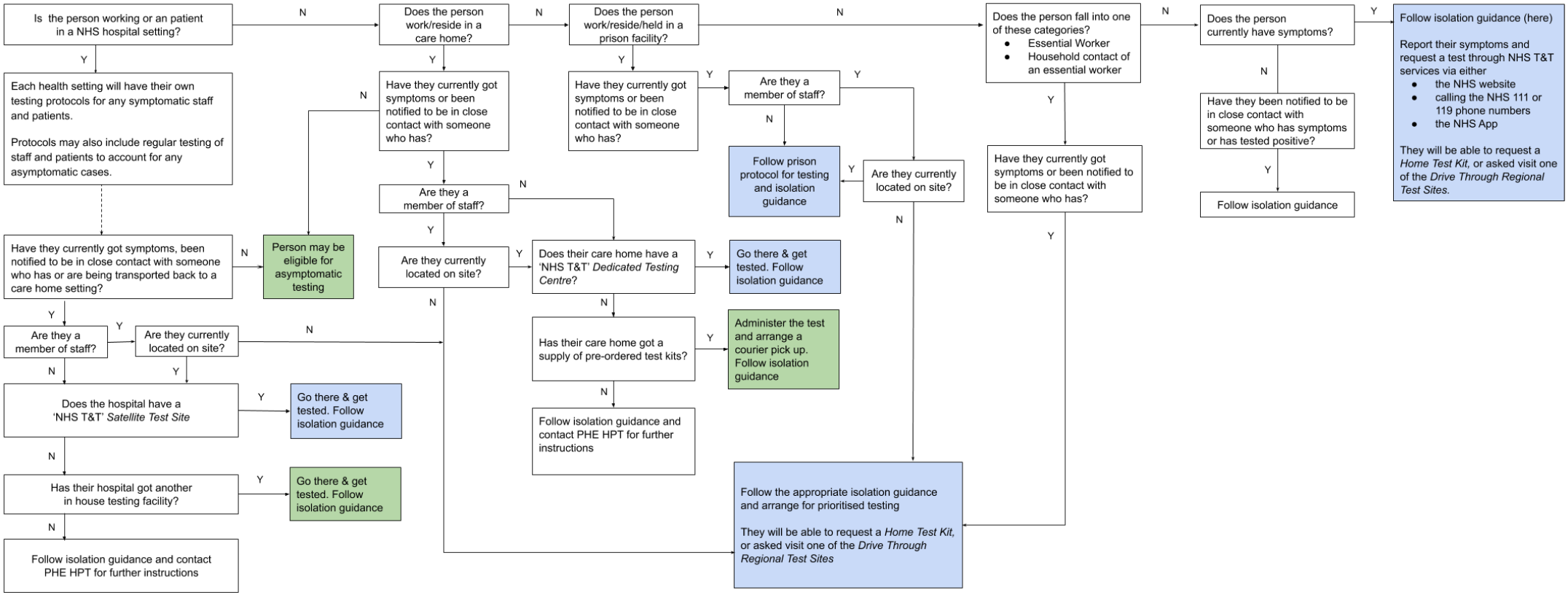


Figure 5 – Testing Access Routes

There are different routes by which a person may be able to obtain a test depending on their circumstances. BLUE boxes = testing facilities that are part of NHS Test and Trace system and results are therefore automatically fed directly through to PHE CTAS. GREEN boxes = testing facilities that need to manually notify PHE HPT of a positive test result to ensure timeliness of notification.

7. Theme 5 - Contact Tracing & Outbreak Management

7.1. Contact Tracing

The Trace component of NHS T&T is an integrated service to identify, alert and support those who need to self-isolate. It is run by the Contact Tracing and Advisory Service (CTAS) which is jointly led by NHS England and PHE and is made up of three tiers of contact tracers. The roles of each CTAS tier is outlined in **Figure 6**

All positive cases are initially referred to Tier 3 CTAS from a range of NHS T&T testing sources who will then obtain further information on details of places they have visited, and people they have been in contact with. These contacts are risk-assessed according to the type and duration of that contact. Those who are classed as 'close contacts' are contacted and provided with advice on what they should do e.g. self-isolate. Depending on the case or setting complexity, contact tracing and other health protection functions may be escalated to be handled by one of the higher CTAS tiers.

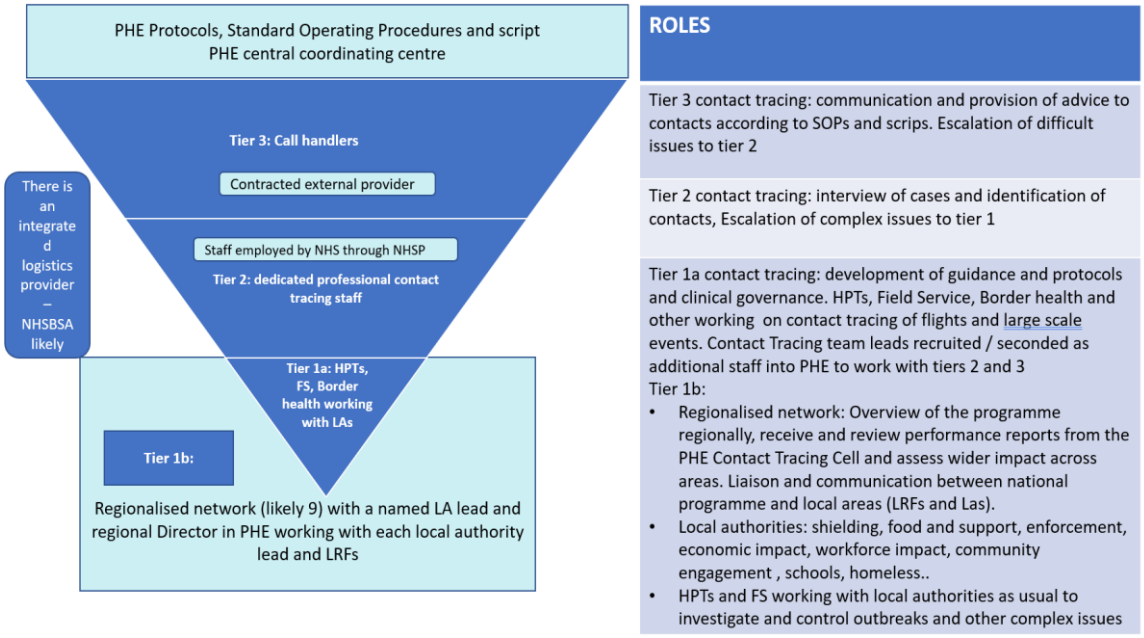


Figure 6 – Contact Tracing Advisory Service (CTAS) Contact Tracing Tiers

- **Tier 3** – Around 20,000 call handlers have been recruited by external providers under contract to DHSC to provide advice to contacts using national standard operating procedures (SOPs) and scripts as appropriate.

- **Tier 2** – Around 3,000 dedicated professional contact tracing staff have been recruited by NHS providers to interview cases to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. They will also handle issues escalated from Tier 3. Appropriate advice following national guidance is given to cases and their close contacts

- **Tier 1** – PHE HPT will investigate cases escalated from Tier 2. This will include those unwilling to provide information, healthcare and emergency services , complex and/or high-risk settings such as care homes, schools, prisons/places of detention, workplaces, health care facilities and transport where it hasn't been possible to identify contacts. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate.

- **1a**: a national coordinating function leading on policy, data science and quality assurance

- **1b**: a regionalised network providing local contact tracing, settings management and advice and interventions relating to complex cohorts.

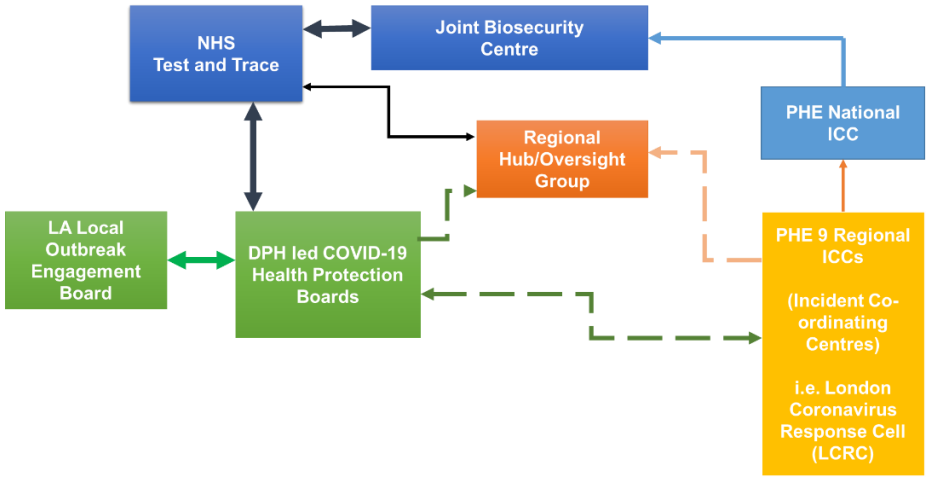
For the Lewisham, Tier 1 contact tracers are the PHE HPT available at slhpt.oncall@phe.gov.uk or 0344 326 2052. As outlined in **Section 7** and **Figure 7**, complex cases can be referred to London Coronavirus Response Centre (LCRC) via several routes:

1. A positive case is identified by Tier 2 & 3 of NHS T&T to be complex or within a complex setting.
2. Through direct notification from a complex setting to the PHE HPT regarding either a symptomatic or confirmed positive case.

7.2. Outbreak Definition & Plan Activation

An outbreak is defined as two or more cases (suspected and/or confirmed) linked in place/time (21). The LOCP is currently active throughout Lewisham and decision making when there are suspected or confirmed COVID-19 outbreaks in any setting type. It should be noted that most outbreaks will be managed through business as usual measures. Moreover, if there is indication of community spread of the virus (i.e. a rising tide situation where either a number different locations flagging or there are a number of community cases with no obvious immediate links between them, especially if take alongside increasing incidence rates), additional capabilities of the SCG may be needed.

LOCP initiation may also be informed by other factors, for example, national government direction in the form of information received through the JBC.



National	
NHS Test and Trace	Develop and implement national test and trace strategy
Joint Biosecurity Centre	Provide data and analytics relating to management of regional infection rates building on PHE's surveillance data systems
PHE National ICC	National oversight identifying sector specific and cross-regional issues that need to be considered
Regional	
London Coronavirus Response Cell	PHE Incident Co-ordinating Centre for London managing outbreaks in complex settings
Local	
DPH led COVID-19 Health Protection Boards	Responsible for the development of local outbreak control plans by Directors of Public Health
Local Authority Local Outbreak Engagement Board	Provide political ownership and public-facing engagement and communication for outbreak response

Figure 7. Relationships between local and national elements of outbreak management[8]

Below diagram explains the collaborative structures utilised by the London Good Practice Network in gathering, sharing and disseminating best practice and collaborating during this initial phase and the development of Local Outbreak Control Plans.

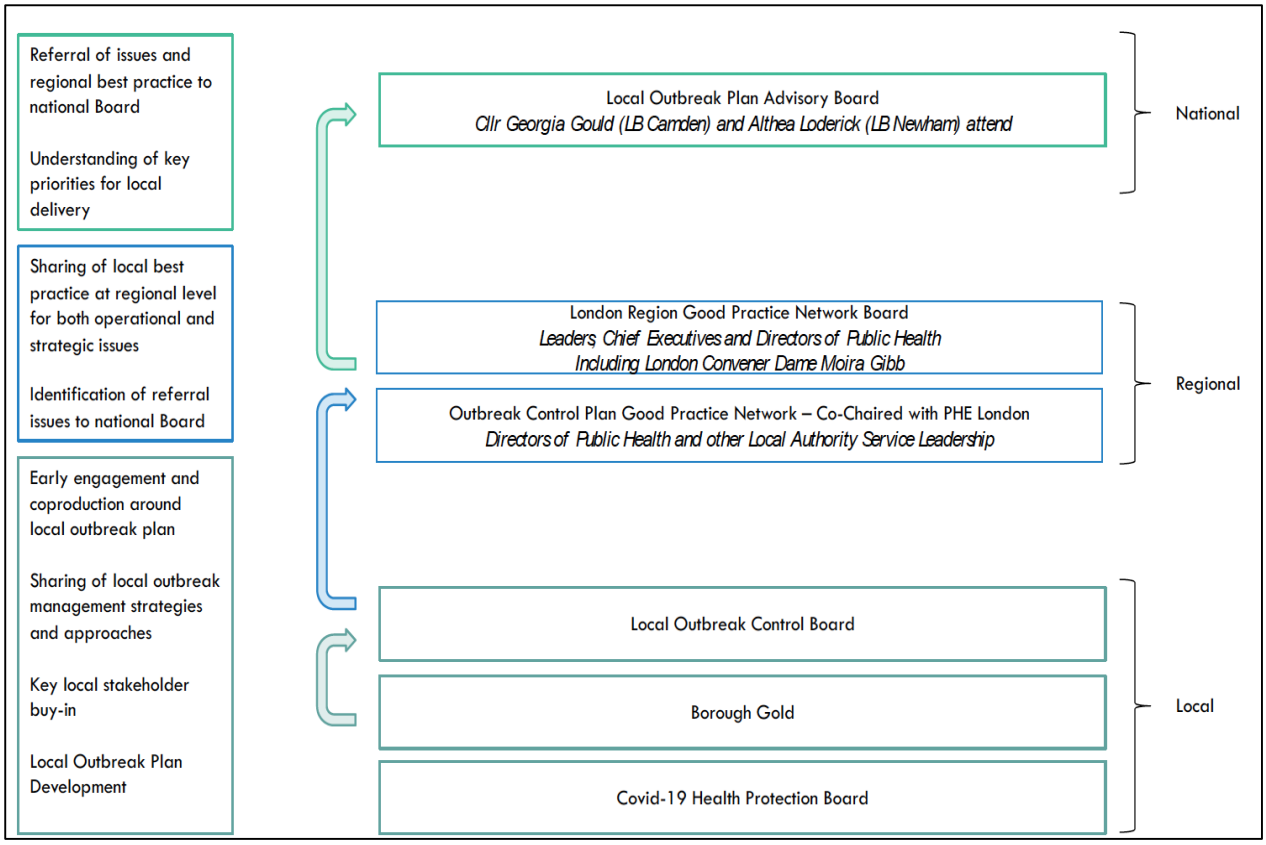


Figure 8. the collaborative structures utilised by the London Good Practice Network

This plan will therefore bring together the existing outbreak prevention and management work of national and regional PHE, local authority public health teams, the national NHS test and trace service, Joint Biosecurity Centre and collaboration of wider system partners to form a robust framework for COVID-19 outbreak management.

7.3. Outbreak Response

In the event of an outbreak occurs in a particular setting, the steps listed in **Table 4** will be taken. A summary overview of the outbreak response within a defined setting can be found inError! Reference source not found.. In the event there is indication of community spread of the virus (as defined in **section 7.2**) required the steps listed in **Table 5** will be taken.

These steps may vary slightly depending on the situation and circumstance of the outbreak and will be tailored to the nuances of each situation drawing on local intelligence (see **Section 8**). This is in line with the LA PHE Joint Action Plan SOP, 6 Point plan for Local Authority Wider response (**Figure 9**), Local Outbreak Control Plans Themes (**Figure 10**) and the National Government's Contain Framework (22).

Role of PHE London Coronavirus Response Cell (LCRC) and Local Authority COVID-19 Health Protection Boards

PHE LCRC and the Lewisham COVID-19 Health Protection Board will work in partnership to lead the management of outbreaks in complex settings alongside wider system partners. The DPH alongside

[8] https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf

Consultants in Public Health will act as the single point of contact (SPOC) for notification of outbreaks in complex settings and community clusters by PHE LCRC. LCRC provides daily situation report to Lewisham and all Senior Management Team (SMT) meet at 9am to discuss all new cases since 24 hours ago. The rationale for the joint agreement is:

- to have a joint collaborative and co-ordinated approach to supporting London settings including care homes, extra care housing and supported housing, local hospitals, workplaces, prisons, primary care settings, schools, nurseries and homeless hostels in managing COVID-19 outbreaks, reflected in councils' Local Outbreak Control Plans (LOCPs).
- to improve understanding and access to services, reduce transmission, protect the vulnerable and prevent increased demand on healthcare services
- to share outbreak information to facilitate appropriate measures
- to have a Single Point of Contact (SPoC) in LCRC and in each local authority to facilitate data flow, communication and follow up
- to provide consistent advice to settings and local public health teams

Role of the Incident Management Team (IMT)

Incident management teams will be mobilised to respond to outbreaks when required. These will be triggered by the LCRC in line with current health protection arrangement and the Joint agreement or by the local authority (DPH, Lewisham Mayor, Lewisham Council Chief Executive, COVID-19 Health Protection Board or Gold Command) as deemed appropriate. Triggers for setting up an IMT and the roles and responsibilities in Lewisham IMT are outlined in **Table 2** and **Table 3** below.

Table 2. Triggers levels for instigating a local Incident Management Team (IMT)

Number(s) and nature of outbreak	**Level of action**	**IMT convened**
Sporadic cases of COVID-19 and individual outbreaks in single care homes, schools, workplaces or supported living/homeless shelters	SPOC inform relevant members of Lewisham COVID-19 Health Protection Board and instigate outbreak follow up actions SPOC inform Gold members of situation and actions taken	Only if the following take place: - Individual setting requires closure and/or large numbers of cases affected and contacts to be identified - Deaths occurring in an individual setting - Situations where there is likely media or political concerns/interest
Outbreak in hospital, multiple care homes, multiple schools, linked to places of worship, sporting venues or universities	SPOC inform relevant members of Lewisham COVID-19 Health Protection Board and instigate outbreak follow up actions SPOC convene virtual Gold meeting to discuss any resource implications and escalation to Outbreak Engagement Board SPOC contact PHE LCRC regarding IMT	Yes
Community clusters	SPOC inform Gold Gold inform members Outbreak Engagement Board SPOC contact PHE LCRC regarding IMT	Yes

Table 3. Roles and responsibilities in Lewisham IMT

Role	Title/Member
Chair and Public Health Lead	Director of Public Health
COVID-19 Incident Response Leads	Lewisham Gold (SCG) Director Council Silver Director
Emergency Planning	Emergency Planning Lead
Public Health	Public Health Strategists and consultants
Environmental Health Lead	Head of Environmental Health or Health and Safety (depending on setting)
Communications Lead	Communications Officer
Setting Based/Sector Specialist	Identified based on outbreak setting (e.g. infection control nurse, school nurse, hospital infection control team, specialist from council – e.g. housing lead, adult social care etc.)
Data Lead	Public health consultant/Data Analyst/Intelligence Analyst
Meeting Coordination, Loggist and Liaison	Incident Response Team
CCG/Primary Care Lead	South East London CCR/Primary Care Rep
HPT Lead	Lewisham Borough Lead at South London Health Protection Team

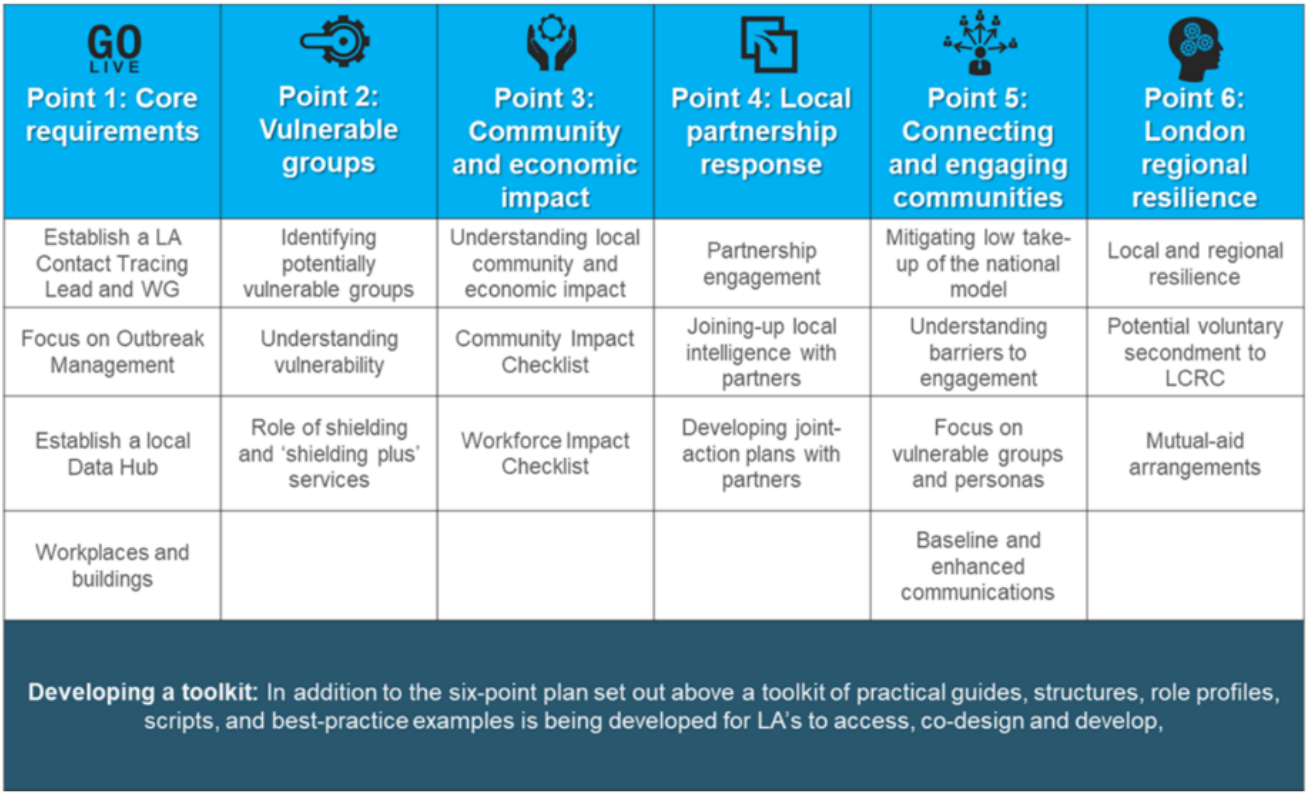


Figure 9. 6 Point plan for Local Authority Wider response (London CEO Task and Finish Group)

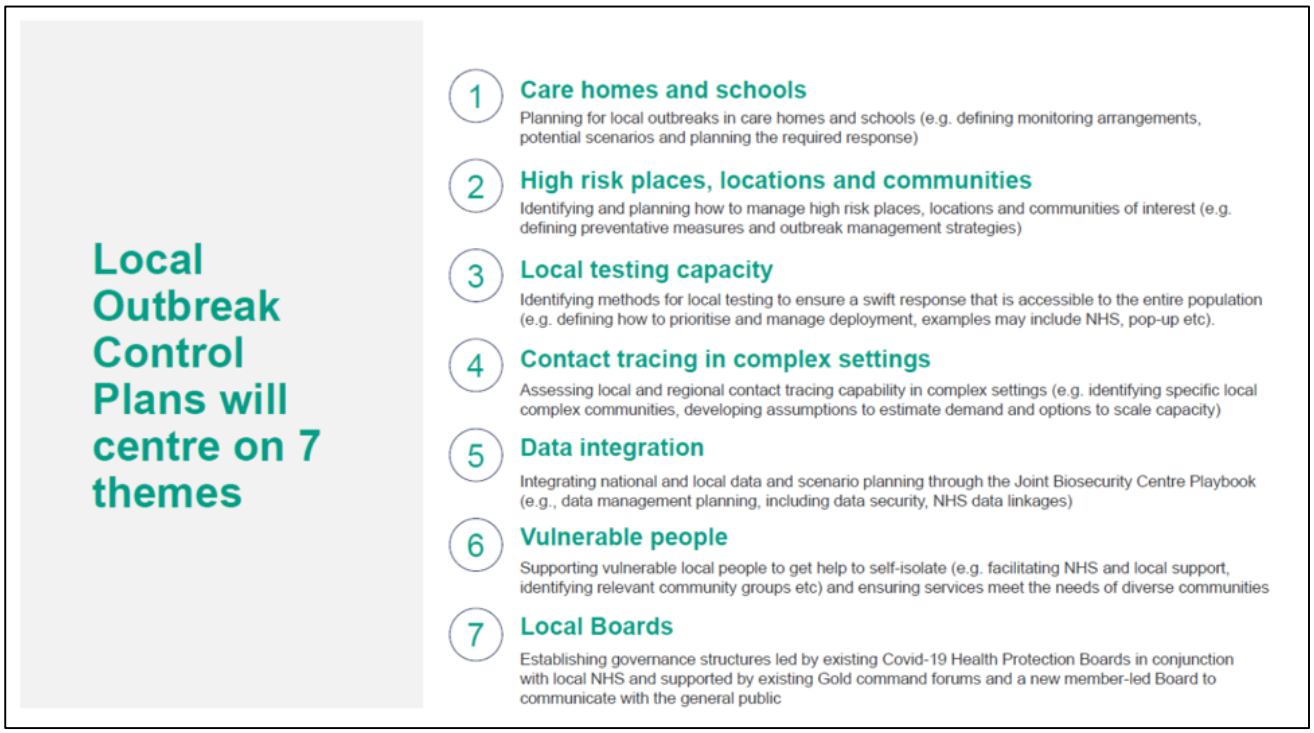


Figure 10. Local Outbreak Control Plans Themes (DHSC)

Table 4 – Steps to be Taken in Response to an Outbreak within a defined setting (e.g. school, care home)

STEP 1 – London Coronavirus Response Centre (LCRC) Initial Risk Assessment & Contact
LCRC will receive notification from Tier 2, undertake a risk assessment and give advice and provide information. LCRC will manage cases and contacts, and provide advice on testing and infection control. On the outcomes of the expert risk assessment and these discussions, the LCRC will also decide whether it is necessary to convene an Incident Management Team (IMT). LCRC will then inform the Lewisham SPoC, which then Lewisham will follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access. Lewisham will support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate, as per London's 6 Point Plan and national 7 themes of outbreak management plans.
STEP 2 – Infection Control & Response to Enquires
If it is decided that an IMT should be convened, PHE HPT and the DPH will identify and contact key stakeholders to form the IMT. The IMT will be responsible for coming up with the infection control plan moving forward including deciding the roles of the multi-agency response, the measures they will take and what resources will be required to deliver the response. The relevant members of the IMT would also follow up with the setting's occupational health departments or other points of contact and support the affected setting on operational issues (e.g. sourcing PPE, staff capacity, removal of dead bodies & care provision). Any situation updates will be fed back to the HPB and SCG Chairs.
STEP 3 - Perform Enhanced Testing & Contact Tracing
Testing of people within complex settings may be advised by the IMT. Testing will be done in collaboration between PHE and partners including mobilising existing Mobile Testing Units where necessary. Lewisham may need to supplement local level testing and contact tracing efforts though NHS mutual aid, mutual aid from environmental and public health teams at district and borough councils, external partners who have undergone training (see **Section 6.3**).
STEP 4 – Continue to Monitor Intelligence
The setting will continue to be monitored by the IMT closely using regular intelligence updates as detailed in **Section 8.**
STEP 5 – Facilitate Closures and/or Targeted Restrictions of that Setting
If the virus continues to spread, activities at that setting may be restricted or required to close (see S**ection 3.1**). This will be decided by the IMT based on a risk assessment. If a tactical response is required then, the Lewisham Gold (SCG) will be stood up (see **Section** Error! Reference source not found.) and additional multi-agency national incident resource will be deployed to bolster local resources to respond to the incident. Powers may also need to be invoked, depending on the resistance that is put up by the setting or persons required to isolate. There are several that can be utilised so the IMT will need to determine the most appropriate. If any legislative powers are used, the DPHs are required to notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.

Table 5 – Steps to be taken in response to the community spread of COVID-19 (i.e. rising tide scenario)

STEP 1 – HPB Monitors Intelligence
The HPB continuously monitors the local situation and through intelligence and situation reports presented at the weekly meeting (see **Section 8**).
STEP 2 – Indication of Community Spread and Decision to Convene an IMT
If there is indication of community spread of the virus (see S**ection 7.2**) or where it looks like the capabilities of the SCG may be required, then the HPB will convene an IMT. The DPH would invite key members and stakeholders to the IMT including representatives from the SCG.
STEP 3 – Role of IMT & Facilitation of Targeted Restrictions/Closures/IC Measures

The IMT will allow for dedicated time to discuss the situation, gather more detailed intelligence, and decide what additional Infection Controls (IC) measures may need to be put in place. The IMT will need to anticipate and respond early as any measures taken will take several weeks to have an effect. They may therefore start by implementing some smaller targeted IC measures and restrictions early on – especially in response to soft intelligence e.g. police reporting raves, no mask wearing. If a tactical response is required at this point then, the Lewisham Gold will be informed (see **Section** Error! Reference source not found.) and additional multi-agency national incident resource will be deployed to bolster local resources to respond to the incident.

Depending on the prevalence of cases within that LA the IMT may also decide to encourage people in the community may also be encouraged to get tested. Lewisham may need to supplement testing and contact tracing efforts though NHS mutual aid, mutual aid from environmental and public health teams at district and borough councils, external partners who have undergone training (see **Section 6.3**)..

All decisions made should in partnership/consultation with people in the community who would be affected. Decisions will also be based on discussions between the DPHs and JBC as to what measures they think would be more effective at a local level (bespoke or use what is in the playbook). Any situation updates will be fed back to HPB.

STEP 4 – Escalate Concerns & Facilitate Enhanced Restrictions/Closures/IC Measures

If all previous measures taken are unable to stop the spread of the virus within the community or the scale/type of outbreak calls for the use of wider or more intrusive powers, then decision-making may be escalated to the national level.. In this instance more severe lockdown restrictions will be put in place locally that diverge from the measures throughout the rest of England. Depending on the nature of the outbreak, this may include the closure of all non-essential services and businesses across local areas, with travel in and out of the area will be restricted, bespoke measures implemented for people who are shielding and people will be encouraged to stay home. If a tactical response is required then, the Lewisham Gold will be informed (see **Section** Error! Reference source not found.) and additional multi-agency national incident resource will be deployed to bolster local resources to respond to the incident.

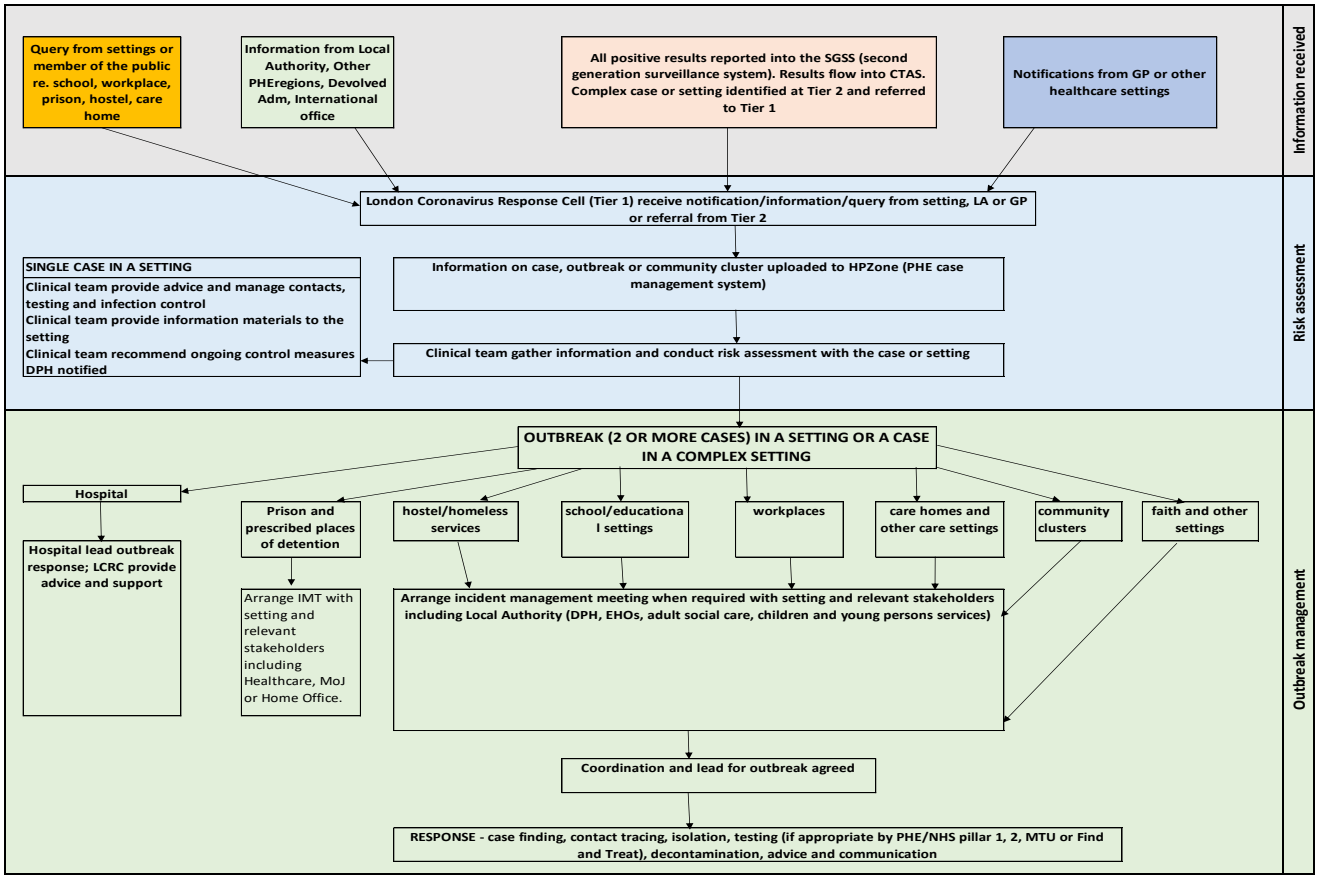


Figure 11. Referral Routes of Cases in Complex Settings to the PHE HPT and the Required Responses. The different routes by which a positive or suspected case of COVID-19 in a complex setting can be referred to the PHE HPT. PINK box = testing facilities that are part of NHS T&T system and results are therefore automatically fed through to PHE CTAS. BLUE box = testing facilities that may need to manually notify PHE HPT of a positive test result to ensure timeliness of notification.

Table 6. Lewisham LOCP Contain and Escalation Framework

	LOCAL ALERT LEVEL 1: 'Medium'	**LOCAL ALERT LEVEL 2: 'High'**	**LOCAL ALERT LEVEL 3: 'Very High'**
Contain Framework classification	National baseline, applies to all regions of England where local restrictions have not been applied	Area currently under restrictions and some additional areas	Engagement underway with highest prevalence areas.
Potential other triggers include	Analysis of the early warning indicators (including exceedance reports, 7 day weekly rate, positivity rates) suggests the need for raised local alertness Emerging evidence of cluster(s) or increasing trend at community / area level suggesting potential sustained community spread or an outbreak with an unknown source requiring investigation At least one outbreak in a complex / high risk setting(s) that is not managed within routine outbreak control arrangements. Specific concerns / outbreaks in vulnerable populations.	Sustained concern regarding early warning Indicators, and increasing trend in overall numbers of cases and high or increasing positivity rate in an area or areas of Lewisham. Several outbreaks are identified including (potentially uncontained) in complex settings, potentially combined with community spread.	High level of concern regarding early warning Indicators, and rapidly increasing trend in overall numbers of cases and very high or rapidly increasing positivity rate in an area or areas of Lewisham. Several outbreaks are identified including (potentially uncontained) in complex settings, potentially combined with community spread, and Lewisham DPH requests national intervention. Resource prioritisation is required by Ministers as local systems cannot meet need (eg PPE; staff capacity). Local capabilities and controls are exceeded (due to scale or effectiveness)
Escalation Determination Minimum timescale for	Escalation to Level 2 will be ratified by the PHE LCRC and the Lewisham COVID-19 Health Protection Board as required by exceptional meeting / virtually.	Escalation to Level 3, and de-escalation back to Level 1, by PHE LCRC and the Lewisham COVID-19 Health Protection Board as required by exceptional meeting / virtually	De-escalation back to Level 2 will be ratified by the PHE LCRC and the Lewisham COVID-19 Health Protection Board as required by exceptional meeting / virtually. Moreover, Secretary of State for Health and Social Care, at the Local Action Committee, drawing on advice from the CMO, NHS Test

escalation – one week i.e. no de-escalation prior to this			and Trace, Joint Biosecurity Centre and PHE.
Shielding and Support	National advice on protecting the vulnerable National level support for enforcement/compliance	National advice on protecting the vulnerable; Care home visits only in exceptional circumstance (e.g. end of life) National level support for enforcement/compliance	Plan for care homes mandated; Care home visits only in exceptional circumstance (e.g. end of life) Compliance and enforcement delivery plan required with funding/additional enforcement support
Remaining Open with Restrictions	Schools, FE colleges & universities remain open Protests: Any number complying with COVID-19 Secure guidance (risk assessment, reasonable steps) Worship: Open - subject to rule of six Registered and wraparound childcare; Supervised activities permitted in private homes; Children's groups permitted. Youth clubs and activities permitted. Sports: Organised sport/licensed physical activity allowed in outdoor settings (but not indoors where	As previous level Worship: Open – no household mixing Registered and wraparound childcare; Childcare bubbles for under-14; Supervised activities permitted in private homes; Children's groups permitted. Adult hobby clubs permitted with household only	As previous level Universities open & open to move with greater online provision.

	above the Rule of Six, other than youth or disabled sport) Adult support groups Permitted up to 15; adult hobby clubs permitted with rule of six		
Restrictions (fixed)	Social contact: rule of 6 indoors and outdoors, in all settings Retail: Open No restrictions on travel and transport and overnight stays Weddings and civil partnerships: up to 15 for ceremonies. Receptions for up to 15 (sit down meal, COVID secure venues) Funerals: Up to 30, 15 for wakes and other commemorative events Work from home where possible	As previous level Social contact: 1 household / bubble indoors; Rule of 6 outdoors (including gardens) Travel and transport and overnight stays: Ask people to minimise the number of journeys taken, while making clear that they may still travel to venues that are open.	As previous level Social contact: 1 household / bubble indoors; 1 household / bubble in outdoor private gardens, hospitality or ticketed venues; rule of 6 in outdoor public spaces (e.g. parks, beaches, and the countryside) and sports courts. Travel and transport and overnight stays: As per level 2 for travel within the defined area; Avoid travel in or out of the affected area (with clear exceptions, e.g. work, school, transit journeys); Those in a Level 3 area should avoid overnight stays out of the area in other parts of the UK (though may stay overnight in hotels/guest houses in the same L3 area with people from their household/bubble). People from outside of the area advised against staying overnight in the area.

	Large outdoor events subject to national guidance and in line with wider limits – rule of 6 Elite sports events: public attendance not permitted at professional and elite sports events		Weddings and civil partnerships: Receptions not permitted
Restrictions (subject to engagement)	Hospitality: Open; 10pm-5am closure - Click-and-collect, delivery and drive-thru permitted; Ports and Motorway service stations exempted (no alcohol after 10pm); table-service only Entertainment sector and tourist attractions: Open other than nightclubs, adult entertainment venues Leisure: open Public buildings: open (activities restricted by social contact rules) Personal care/close contact services: open Accommodation: open Large indoor events (excluding business events): Large events (e.g. those with an impact on local services) subject to LA agreement	As previous level Accommodation: can be subject to social contact limits	As previous level Hospitality: **Default** hospitality venues to require customers to purchase a substantial meal with any purchase of alcohol, or will legally close. **Optional** restrictions preventing the sale of alcohol in hospitality or closing all hospitality (takeaway and delivery permitted). Entertainment sector and tourist attractions: **Optional** close indoor venues or close indoor and outdoor venues. Leisure: **Optional** close venues such as leisure centres and gyms but LAs must consider the equalities impact and ensure provision remains available for elite athletes, youth and disabled sport and physical activity. Public buildings: **Optional** close public buildings (such as libraries and community centres). LAs must consider the equalities impact and ensure provision remains

			available for youth clubs and childcare activity and support groups. Personal care/close contact services: **Optional** close highest-risk activities **or** close all personal care/close contact services. Accommodation: Any closures/additional restrictions subject to engagement Large indoor events: **Optional** LAs have the option to shut performing arts venues under existing regulations.
Notifications & Communication	See communication document in appendix 2	See communication document in appendix 2	See communication document in appendix 2
Intelligence and data gathering	Compiling data from LCRC daily report as well as other nationally released PHE reports. Daily AM meeting with Senior Members' Team (SMT) members, environment health lead and DPH. Daily PM meeting with on call PH consultant, surge capacity and DPH. Tues AM, Thurs PM: PH team meetings Wed: SMT meetings. Weekly meeting takes place for HPB, Silver and bi-weekly meeting takes place for COVID committee	As previous level Specialist support from LCRC highly likely to be required e.g. Field Epidemiology Service.	As previous level
Testing	Increasing testing capacity targeted where required. Potential for mobile unit/s to be required for outbreak depending on context.	As previous level	As previous level

Communication and engagement	Targeted community communications, campaigns, social media etc Increase in proactive and reactive comms	Local Outbreak Engagement Board convened, chaired by Mayor of Lewisham. Board oversees public facing comms and community engagement, in liaison with partners Communications teams. Enhanced targeted preventative and reassurance comms and increased demand for reactive comms. Greater engagement with affected communities, ensuring translation / adaptation of comms materials. Additional stakeholder communications – to raise awareness Communicate increasing community transmission to care homes, and potentially advise to limit visiting	As previous & frequent briefings to members and local MPs
Terminations & follow ups	Expire after 6 months, 28 day review of geographies	Review geographies every 14 days, review regs every 28 days, expire after 6 months	Geographies expire after 28 days

National Lockdown guideline for 5th of November to 2nd of December 2020 is located in annex 8. Please note that after the 2nd of December, local tier system will be implemented again. Each tier is described in detail in the table above.

7.4. Infection Prevention and Control

The local authority and NHS have been providing infection prevention control advice to support care homes, schools, homeless hostels and workplaces and building relationships based on trust. We will continue to work collaboratively with Ward Councillors, communities and other organisations to provide information and assurance regarding current and future outbreak prevention measures and to enhance their ability to prevent transmission, particularly through identifying those at greatest risk. A summary of outbreak preventative measures being implemented for complex settings of note in Lewisham can be seen in **Table 7** below.

Table 7. Outbreak Prevention in Lewisham complex settings

Setting	Outbreak Prevention Activity
Schools (early years, primary, secondary, tertiary education settings)	• Provision of guidance summaries to reduce the risk of transmission in provided to education settings including use of appropriate personal protective equipment (PPE), infection prevention and control guidance, signposting to testing and tracing/isolation of cases/identified contacts. • Public health advice at fortnightly meetings for Heads of Schools (primary, secondary and special).
Care Homes (older adult, mental health, and learning disability providers)	• Lewisham support to care homes action plan: https://lewisham.gov.uk/myservices/socialcare/adult/support-for-care-homes, which includes access to emergency supply of personal protective equipment (PPE), provision of infection prevention and control training and access to whole care home testing. • Public Health advice at regular fortnightly sessions for care home managers • Provision of tailored advice to specific homes requiring additional support
Supported Living, HMO (Household Multiple Occupancy) and Homeless Shelters	• Provision of guidance summaries to reduce the risk of transmission of COVID-19 including use of appropriate personal protective equipment (PPE), infection prevention and control guidance, signposting to testing and tracing/isolation of cases/identified contacts. • Provision of tailored advice and support to the supported living and homeless hostel providers. • Provision of guidance for houses in multiple occupation and how to conduct cleaning of communal spaces to reduce the chance of transmission.
University	• Risk assessment for the reopening of Goldsmiths, University of London and Trinity Laban • Infection, prevention and control sessions for students and staff
Other Lewisham settings (places of worship, workplaces, transport hubs and sporting venues)	• Risk assessments for the reopening of council owned public places • Infection, prevention and control sessions for complex community settings in Lewisham e.g. places of worship • Support for risk assessment for sporting venues and businesses in the borough e.g. Millwall Football Club

We will maintain our relationship of working with partners in the NHS, social care and local voluntary and private sectors to develop guidance and deliver prevention training, IPC liaison and increasing capacity in order to reduce transmission risks.

All queries relating to the prevention or management of a COVID-19 outbreak should be sent to: incident.internal@lewisham.gov.uk with the subject “Outbreak Prevention” or “Outbreak Management”. We will develop a triage and escalation protocol for the management of these queries by officers and public health staff. Public health will carry on the interpretation and oversight of the implementation of national guidance relating to prevention where needed. There are additional measures and support mechanisms in place through Lewisham to help complex settings in the region prevent COVID-19’s spread. National guidance on preventing the spread of infection in specific settings can be found in setting specific action cards located in the **Appendix 1** and covers social distancing, hand hygiene, PPE, isolation and enhanced cleaning measures.

8. Theme 6 - Data Integration & Analytics

This section should be read in conjunction with **Sections** Error! Reference source not found. **& 7.3**. There are a number of local, regional and national data sources available to the HPB’s members and its partners in establishing and mitigating COVID-19’s spread in Lewisham. This section details the; (1) objectives of data integration & analytics, (2) data sources & arrangements, (3) data integration & (4) information governance.

8.1. Objectives

The available data will be used to:

- Review daily data on testing and tracing;
- Identify complex outbreaks so that appropriate action can be taken in deciding whether to convene an outbreak control team (see **Section 7.3**);
- Track relevant actions (e.g. care home closure) if an outbreak control team is convened;
- Identify epidemiological patterns in Lewisham to refine our understanding of high-risk places, locations and communities;
- Ensure that those who require legitimate access to the intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring information governance and confidentiality requirements are met.

8.2. Data Sources & Arrangements

A virtual Lewisham COVID-19 Data Integration and Analytics Team has been established to receive, analyse, distribute, store and manage the COVID-19 data flows into and out from the council. **Table 8** below summarises the roles and responsibilities of the team.

Table 8. Roles and responsibilities of Lewisham COVID-19 Data Integration and Analytics Team

Role	Responsibility
Consultant in Public Health	Receives data via the Single Point of Contact Local report design, review and quality control Identification and escalation of local intelligence indicating emerging trends or clusters to Gold via DPH Horizon scanning for new data sources Liaison across SEL and London to facilitate analysis and identification of cross-border clusters

Senior Health Intelligence Manager	Receives data via the Single Point of Contact Design and manage data storage and data integration protocols (including data on cases and contacts and vulnerable people who require support during self-isolation) Line Management of Public Health Analysts Co-ordination of the production of all reports for the COVID-19 Surveillance Reporting Schedule
Public Health Analyst x 2	Collate data and produce analysis for the Daily Surveillance Report and Weekly Epidemiology Report with a specific focus on geographical analysis / mapping Produce and update maps of the geographical locations of complex settings in Lewisham
Data Apprentice	Collate data and produce analysis for the Daily Surveillance Report Collate and manage core datasets on Complex Settings (location, contact details etc.) Support the management of information on cases and contacts and outbreaks in complex settings
Population Health Lead Analyst	Support the scoping of a local COVID-19 Risk Stratification Tool utilising data available from the Lewisham Population Health Management System and national datasets

8.3. Data Integration

One of the key themes of local government planning is integrating national and local data and scenario planning through the JBC Playbook (e.g. data management planning including data security & data requirements including NHS linkages). This requires cross-party and cross-sector working via the HPB, NHS Integrated Care Systems and Mayoral Combined Authorities. All enquiries regarding this should go to england.riskstratassurance@nhs.net.

The JBC *COVID-19 Outbreak Management Toolkit for England* states that according to the risk level within an area based on key metrics, there will be different guidance on how to provide Non-Pharmaceutical Interventions.

The DPH acts as the Single Point of Contact (SPOC) for receipt of COVID-19 surveillance information for the borough on a daily basis from a number of sources. A summary of the current data sources and contributors to this report can be found in Annex 1. Although some of this data is publicly available, much of it is deemed sensitive and highly confidential which is not for wider sharing or publication.

South East London (SEL) COVID-19 Analytics Network was formed to provide timely access to surveillance and epidemiological data of covid-19. Lewisham Public Health consultant Helen Buttivant is currently sitting as the strategic lead for the SEL network. SEL conducts analysis to inform the development of our borough-based system recovery plans by contributing to the development of the SEL Population Health Management & Health Inequalities Programme. This is a programme of work developed as a direct response to the impact of COVID-19 on health inequalities. It is led by the Integrated Care System (ICS) on behalf of the SEL Health and Care system and aims to find opportunities for SEL-wide action to support short-, medium- and long-term change to address the health

inequalities that were magnified and exacerbated by the pandemic. It focuses around three pillars of work: Population Health Management (PHM) and Data; Prevention and Inequalities; and Health in All Policies. One of the ways in which they are supporting the PHM & Data Pillar is to open up our meeting once a month to a wider group of analysts from across the Health & Care system with the specific function of addressing access to and quality of data for population health management across the SEL footprint.

SEL COVID-19 Data Dashboard includes London situational awareness report, NHS test & trace performance, and early warning report (that includes Lab-confirmed COVID-19 cases, 111 calls related to COVID, Number of inpatients diagnosed with COVID-19 in last 24 hours, Confirmed/Suspected COVID-19, admissions into SEL Acutes in the last 24 hours, Confirmed/Suspected COVID-19 patients occupying hospital beds (incl. HTU / ITU beds), HDU/ITU beds occupied by confirmed/suspected COVID-19 patients). SEL Early Warning report is published daily by the SEL CCG BI team using data from UK.GOV or PHE and acute hospital daily situational reports. This report is embedded into the SEL Weekly COVID-19 Dashboard and the raw data shared with public health teams in all SEL boroughs. It especially looks at streamlining the analysis and data sharing processes.

8.4. Information Governance

Ordinarily, due to the sensitive nature of the health information being shared across local organisations, London LAs would set up data recording and sharing agreements in line with General Data Protection Regulation (GDPR). These arrangements allow for collaborative data sharing between NHS colleagues, PHE partners and London LAs. Applications would also be made for 'Section 251 support' from the Confidentiality Advisory Group for the sharing of information without consent for research and non-research activities.

However, in emergency response situations, permissions under the Civil Contingencies Act 2004 (16) requires Category 1 & 2 responders to share information with each other as they work together to perform their duties under the Act. Further guidance was provided by the *Data Protection and Sharing – Guidance for Emergency Planners and Responders (2007)*, published by the Cabinet Office. Its purpose was to inform organisations involved in the preparation for, response to, and recovery from emergencies on when they can lawfully share personal data under data protection legislation. This has subsequently been replaced by the *Data Sharing in Emergency Preparedness, Response and Recovery* guidance which, as of June 2020, is out for consultation.

In addition, the Secretary of State for Health and Social Care has issued a general notice under the Health Service Control of Patient Information Regulations 2002 (23) to support the response to COVID-19. This allows NHS Trusts, LAs, and others to process confidential patient information without consent for COVID-19 public health, surveillance, and research purposes. The notice is currently in force until 31st March 2020 and provides a temporary legal basis to allow a breach of confidentiality for COVID-19 purposes. Agencies should therefore assume they are able to adopt a proactive approach to sharing the data they need to respond to COVID-19.

This approval applies to the use of GP and Secondary Care data but does not cover disclosure of social care data for risk stratification. Where social care data are to be used, then the relevant parties will need to assure themselves of a legal basis for the disclosure and linkage of data for this purpose. This will be achieved either by using third party and pseudonymised data, or with consent.

Finally, the *LCRC Information Sharing Agreement* is an agreed inter-agency information sharing protocol that is available for all organisations within London and includes sharing information during incident response.

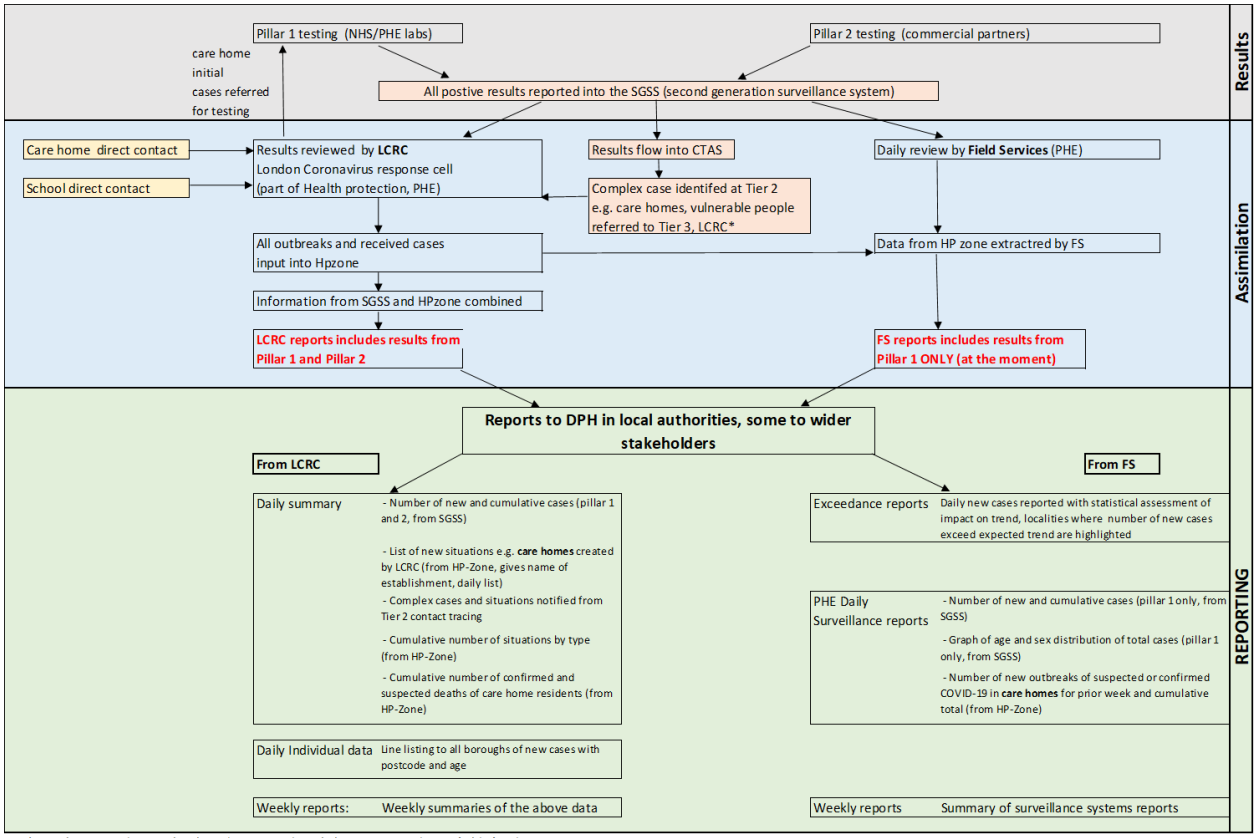


Figure 12. Data Sources for COVID-19 Outbreak Prevention and Control

9. Theme 7 - Supporting Vulnerable Populations

This section details the support provided to Lewisham residents at risk of COVID-19 and/or their impacts. In Lewisham, the Lewisham Healthwatch, Lewisham Black Asian and Minority Ethnic (BAME) Health Inequalities Working Group and local demographic data provides oversight of the arrangements in place to support vulnerable populations.

These populations may have increased vulnerability due to any combination of the following factors:

1. Socially vulnerable and impacted by restrictions including the requirement to self-isolate
2. Those at higher risk of transmission
3. Those at higher risk of death from COVID-19

Their needs may be far reaching and include:

1. enhanced communication of transmission risks and public health advice,
2. help accessing testing,
3. financial, food and/or housing support &
4. support with mental and physical healthcare.

The current list of identified vulnerable populations in Lewisham can be found in **Table 9**. A list of population specific action cards within the Appendix which are signposted via **Table 9**. These cards:

- outline the available support structures, services, and organisations, both locally and nationally, specific to population needs
- identify areas where arrangements may still need to be made.

Please refer to **Section 8** and **10** that describe the data analytics and communications strategies specific to these populations.

Table 9 – List of Vulnerable Populations and the Location of their COVID-19 Action Cards

Vulnerable Population	Location of Action Card
Clinically Extremely Vulnerable People (Shielders)	Appendix 4
Those who are Self Isolating	
Black, Asian and Minority Ethnic (BAME) Communities	
Sex Workers	
Substance Misuse	
Homeless	
Learning Disabilities	
Travelling & Migrating Communities	
Asylum Seekers	

10. Theme 8 - Communication & Engagement Strategy

Building trust and maintaining open channels of communication with our communities is critical to the success of our outbreak prevention and control plan. We are working to ensure that relevant local guidance to support the prevention of an outbreak, engagement in testing and tracing and self-isolation for our communities, particularly those that are most vulnerable to severe impacts of COVID-19 infection. There are already several well-established internal communication channels between working groups and committees involved in Lewisham's COVID-19 planning and response (see Section **Error! Reference source not found.**)

This section therefore outlines the Lewisham communications and engagement strategy for the; (1) public (2) vulnerable population & (3) voluntary organisations.

10.1. The Public

Communication and engagement with the public during a major incident will generally be coordinated by the Lewisham Council Gold in a manner that is consistent with the *London Good Practice Network.* The London wide communications campaign uses informed, reassured, safe, inspired approach **(Figure 13).**

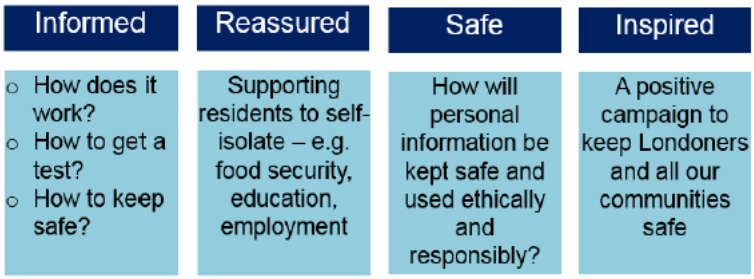


Figure 13. informed, reassured, safe, inspired approach for communication and engagement

This comprises;

1. Wider public warning and informing messaging including:
   - Scam or fake news and messaging relating to COVID-19
   - Identified outbreaks in their local area
   - Implementation of local outbreak control measures
2. Communications campaigns pertaining to the latest government advice & guidance including:
   - Understanding where to access information regarding COVID-19
   - Understanding the importance of testing and where to get tested

- Understanding the requirements and rationale for self-isolation of asymptomatic contacts
- Data privacy assurance that their personal information will be held in the strictest confidence & will not affect matters such as immigration status or reveal illegal activities.
- Awareness of local and national support that is available
- Correct usage of facemasks and handwashing

In order to reach all of our vulnerable and diverse communities, our Keep London Safe campaign we will also:

- Provide practical, shareable and accessible resources that can be used and adapted by all London boroughs
- Update the community languages toolkit so that community and faith leaders can help us share key messages with their communities via the most impactful channels – e.g. hyper-local WhatsApp groups
- Share key messages and collateral in different languages

As part of the development of the communications campaign we took an in depth look at London's diverse communities, bringing together community knowledge and engagement expertise from the boroughs to map out harder to reach communities, cultural considerations, and areas of need/vulnerability. As part of this London Good Practice Network explored the voluntary and community sector, and faith groups, as key communications and engagement channels. The approach to understanding and engaging our diverse communities included:

- Created a mapping template shared across the 32 boroughs to collate the information to ensure consistency of information gathering and mapped out those communities and/or groups that might not engage with the national communications campaign around NHS Test & Trace.
- Looked at cultural and community sensitivities/ barriers, that we need to take into account as part of the regional pan London campaign; this included:
    - Language and literacy barriers: 3 of the top 5 non-English languages spoken in London (Polish Bengali and Gujarati) are also in the 5 languages spoken by those who don't speak English or don't speak English well at home (Note - census data is 9 years out of date and doesn't capture recent migration data - e.g. Romanians/ Bulgarians and Recent data shows that Romanians are now the largest non-Uk nationality in London - likely impact at next census 2021)
    - Explored concerns around data integrity and distrust. For example, lack of trust in Government in how the data will be used, how long held for etc. (e.g. Young Black Men, Orthodox Jewish Community)
    - Digital divide issues - Lack of digital awareness/ exclusion/ and poverty - credit/data, internet access, or digital literacy required for access
    - Poor living conditions: overcrowding conditions/ multi-generational households - makes adherence to the messaging around isolating difficult
    - Less well-established new communities - with limited integration into civic society means public health messages may not get to them

10.2. Vulnerable populations

Residents who are asked to socially isolate as a result of testing positive for COVID-19 or being identified as a contact of a positive case will be provided with support should they identify that they are likely to face difficulties during the period of self-isolation.

When residents are advised to self-isolate, they will be asked if they consider themselves to be vulnerable and in need of support. Those that request support will be signposted to a website containing details of their local authority's support offer and a helpline number to contact for support. Lewisham has established an operating model for the provision of support for shielding residents and those with wider vulnerabilities due to the impact of COVID-19 and the lockdown. The Lewisham Community Hub is currently providing food, befriending, practical assistance and signposting to additional sources of support for those affected by COVID-19.

We will utilise this model to manage the provision of support to those who identify as vulnerable due to being asked to self-isolate as part of the National Test and Trace programme. The offer of support will be adjusted to reflect the need for rapid but short-term support during the 14-day period of self-isolation. Support needs are likely to be focussed around the delivery of food, dog-walking and other daily chores requiring people to leave the house. Resource plans will be developed to enable the Lewisham Community Hub to continue provide this support to those self-isolating beyond the current funding period (31st August 2020).

10.3. Voluntary and Community Sectors

- Share key messages with our VCS organisations and ask for their support in disseminating it
- Letters to all residents and businesses
- Asking residents who are already engaged in our work – e.g. community researchers, Young Mayor's Advisors – to share key messages via their networks.
- Provide infographic-led, accessible comms for different places in printed form or to print and display – e.g. local shops/ business, community centres, libraries, places of worship
- Share content and key messages with councillors to share with their own networks.

10.4 Lewisham COVID-19 Community Champions

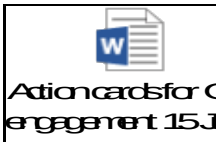
- Lewisham Council have initiated a community champion model to disseminate messaging, information and resources regarding COVID-19 and related health topics to the wider Lewisham community. This initiative aims to use trusted people, voices and groups to disseminate timely and accurate COVID-19 information to Lewisham residents in addition to providing community insights. Community champions recruited will receive weekly email updates on COVID-19 and be invited to fortnightly webinars hosted by the Lewisham public health team to share exmaples of how information is being disseminated.

References

1. **World Health Organisation.** Pneumonia of unknown cause – China. [Online] 5 January 2020. https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/?mod=article_inline.
2. **The Government of the United Kingdom.** COVID-19: epidemiology, virology and clinical features. [Online] [Cited: 25 June 2020.] https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features.
3. **World Health Organisation.** WHO announces COVID-19 outbreak a pandemic. [Online] 12 March 2020. [Cited: 27 June 2020.] https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic.
4. **World Health organisation.** WHO Coronavirus Disease (COVID-19) Dashboard. [Online] [Cited: 24 June 2020.] https://covid19.who.int/.
5. **The Governemnt of the United Kingdom.** Coronavirus (COVID-19) in the UK. [Online] [Cited: 25 June 2020.] https://coronavirus.data.gov.uk/.
6. **Cabinet Office.** Our plan to rebuild: The UK Government's COVID-19 recovery strategy. *GOV.UK.* [Online] 11 May 2020. [Cited: 21 06 2020.] https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy.
7. **Department of Health and Social Care.** NHS test and trace: how it works. *GOV.UK.* [Online] 27 May 2020. [Cited: 21 June 2020.] https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works.
8. **The Government of the United Kingdom.** Health and Social Care Act. [Online] 2012. http://www.legislation.gov.uk/ukpga/2012/7.
9. **McAuslane, Helen, Morgan, Dilys and CIDSC.** Communicable Disease Outbreak Management Operational Guidance. [Online] 2015. [Cited: 21 June 2020.] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2__2_.pdf.
10. **Department of Health and Social; Care, Public Health England.** Health Protection in Local Government. *GOV.UK.* [Online] 31 August 2012. [Cited: 21 June 2020.] https://www.gov.uk/government/publications/health-protection-in-local-government.
11. **Association of Directors of Public Health, Faculty of Public Health, Local Government Association, Public Health England, Society of Local Authority Chief Executives, UK Chief Environmental Health Officers.** Guiding Principles for Effective Management of COVID-19 at a Local Level. *The Association of Directors of Public Health.* [Online] June 2020. [Cited: 21 June 2020.] https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf.
12. **The Government of the United Kingdom.** Coronavirus Act 2020. [Online] 2020. https://www.legislation.gov.uk/uksi/2020/1104/contents/made
13. **Public Health England.** The Health Protection (Coronavirus, Local COVID-19 Alert Level) (High) (England) Regulations 2020 (England) Regulations 2020. *legislation.gov.uk.* [Online] 14 October 2020. [Cited: 14 October 2020.] http://www.legislation.gov.uk/uksi/2020/350/contents/made.
14. **The Health Protection (Local Authority Powers) Regulations 2010.** [Online] http://www.legislation.gov.uk/uksi/2010/657/contents/made.
15. The Government of the United Kingdom. The Health Protection (Part 2A Orders) Regulations 2010. [Online] https://www.legislation.gov.uk/ukdsi/2010/9780111490976.
16. Cabinet Office, The Government of the United Kindgom. Formal Information Sharing Under the Civil Contingencies Act 2004. [Online] March 2012. [Cited: 21 June 2020.] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61026/Chapter-3-Formal-information-sharing-revised-March-2012.pdf.
17. Department of Health and Social Care. NHS test and trace: how it works. *GOV.UK.* [Online] 27 May 2020. [Cited: 21 June 2020.] https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works.
18. National Health Service (United Kingdom). Your coronavirus test result. [Online] 19 June 2020. [Cited: 21 June 2020.] https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/what-your-test-result-means/.

19. —. NHS Test and Trace: if you've been in contact with a person who has coronavirus. [Online] 19 June 2020. [Cited: 21 June 2020.] https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/nhs-test-and-trace-if-youve-been-in-contact-with-a-person-who-has-coronavirus/.
20. The Government of the United Kingdom. Coronavirus (COVID-19): scaling up our testing programmes. [Online] 6 April 2020. https://www.gov.uk/government/publications/coronavirus-covid-19-scaling-up-testing-programmes/coronavirus-covid-19-scaling-up-our-testing-programmes.
21. Public Health England. *Communicable Disease Outbreak Management Operational Guidance.* 2014.
22. Department of Health and Social Care, United Kingdom. COVID-19 contain framework: a guide for local decision-makers. [Online] 17 July 2020. [Cited: 19 July 2020.] https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers.
23. Department of Health and Social Care. Coronavirus (COVID-19): notification to organisations to share information. *GOV.UK.* [Online] 1 April 2020. [Cited: 21 June 2020.] https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information.
24. Public Health England. *Disparities in the Risks and Outcomes of COVID-19.* 2020.
25. The Government of the United Kingdom. The Health Protection (Coronavirus, International Travel) (England) Regulations. [Online] 2020. https://www.legislation.gov.uk/uksi/2020/568/contents/made.
26. Police and Criminal Evidence Act 1984. [Online] http://www.legislation.gov.uk/ukpga/1984/60/contents.

Appendix 1 – Action cards

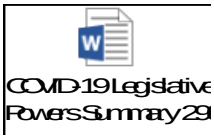


This embedded document will be made publicly available as appropriate.

Appendix 2 – Communication/Engagement Plan

These embedded documents will be made publicly available as appropriate.

Appendix 2 – COVID-19 Legislative Powers



This embedded document will be made publicly available as appropriate.

Appendix 3 – Agreement between LCRC and Lewisham Council

This embedded document will be made publicly available as appropriate.

Appendix 3 – Local Mobile Testing Unit (MTU) Deployment

This embedded document will be made publicly available as appropriate.

Appendix 4 – Vulnerable groups

Clinically Vulnerable population

Objective:
The objective is to support clinically extremely vulnerable people whilst shielding at home

Context:
Emerging research suggests that certain groups of people are at enhanced risk of developing severe COVID-19 if they contract the virus, based on their underlying comorbidities. The government has recognised that some people are at higher risk of severe illness from SARS-CoV-2 (clinically vulnerable people) and a smaller minority with specific serious medical conditions are at even higher risk of severe illness (clinically extremely vulnerable). Those who are classified as clinically extremely vulnerable changes depending on the severity of the outbreak nationally. Those who are on the shielded patients list should follow the guidance below.

23 March 2020 - clinically vulnerable people were advised to stay at home as much as possible, and to minimise social contact when they went out. Clinically extremely vulnerable people were asked to shield at home (shielders).

1 June 2020 - this advisory guidance was relaxed, but not lifted, in order to allow clinically extremely vulnerable people to leave their homes and meet with one other person. It is recognised, however, that some individuals may not feel comfortable leaving their homes during this current period. There are, therefore, still significant restrictions placed upon these individuals which will continue to impact upon their daily lives.

6 July 2020 - the guidance for the clinically extremely vulnerable will be relaxed to allow shielded individuals to meet up to 6 people from other households outdoors, socially distanced, and to form support bubbles if they live alone or are a lone adult with a dependent under 18. They no longer need to observe social distancing with other members of their household

1 August 2020 - the clinically extremely vulnerable can stop shielding. The guidance will be updated to allow this cohort to go to the shops and places of worship, while following rigorous social distancing rules.

In the event of a local lockdown, guidance and the support to shielders may suddenly change. Therefore the most up to date information and guidance can be found here.

What's already in place:
Government coronavirus support service: shielders register here or by calling the dedicated helpline on 08000288327, even if they do not currently need help. This provides (1) weekly box of basic food supplies (to stop as of 1 August 2020) (2) priority access for supermarket deliveries, and (3) help for meeting basic care needs. If an individual is concerned about support after 1 August 2020, they should contact their local authority.

Local general support
NHS Volunteer Responders can help with shopping, collecting medications, and offer a friendly chat

Food:
- Support from family, friends and neighbours (includes provision of culturally familiar foods)
- Mutual aid groups
- Community food projects
- Food parcels https://www.helpingthehomeless.org.uk/COVID-19-work
- Priority supermarket food slots

Medications:

- Pharmacies in England have been contracted to deliver medications to shielders as part of the community pharmacy pandemic delivery service
- Some VCS organisations are picking up prescriptions on behalf of vulnerable people

Mental health:
- Helplines: national Samaritans 24/7
- GP support
- If the resident is an existing patient, the treating secondary care mental health team

Social isolation and loneliness: likely to have increased prevalence amongst shielders
- Telephone befriending, such as by CarersFIRST, and AgeUK

Income and Employment: shielders who now have reduced or no income streams
- Other funding sources are available through Citizens Advice
- Those shielding will be eligible for Statutory Sick Pay (SSP) based on their shielding status until the 31 July. SSP eligibility criteria apply
- From 1 August 2020, if clinically extremely vulnerable people are unable to work from home but need to work, they can, as long as the business is COVID safe.
- If employers cannot provide a safe working environment, they can continue to use the Job Retention Scheme for shielded employees who have already been furloughed.

What else will need to be put in place:

Physical health:
- Health promotion activity/campaign to reduce risk of non-communicable disease (cardiovascular etc) from physical inactivity in shielders
- Communications to encourage shielders to seek medical attention if needed during the pandemic – some may be reluctant to attend hospital due to myths and fears around COVID-19.

Mental health:
- Shielding is likely to negatively impact upon individuals' mental health, exacerbating existing diagnoses, and precipitating new issues
- Need to address the gap in mental health services to both Community Support Hubs and housing services, particularly from secondary care

Social isolation and loneliness:
- Local offers which minimise or mitigate against digital exclusion and language barriers

Financial hardship:
- It is important that the council does all it can to support these individuals. This may be through payment holidays (for rent where the council is the landlord, council tax payments), or hardship grants if available.

Resource capabilities and capacity implications:

Links to additional information:

Updated national guidance for clinically extremely vulnerable people who have been asked to shield is outlined here.

Self-isolating population

Objective:
The objective is to support people in isolation including those who may be shielding or self-isolating

Context:
In the event someone becomes symptomatic or is informed by NHS T&T contact tracing services that they have been in contact with someone who has tested positive with COVID-19, they will need to immediately self-isolate for a period of 7 or 14 days, respectively. Depending on the context, their household contacts may also need to immediately self-isolate. Given that the request for self-isolation will be sudden, it is important that the impact on these individuals is considered.

Many residents will have sufficient supplies and networks to draw upon to last them the duration of isolation. However, some residents will not. They should have rapid access to sufficient resources, such as food and medications, to see them through self-isolation, to ensure maximum compliance.

What's already in place:

Local general support

- NHS Volunteer Responders can help with shopping, collecting medications, and offer a friendly chat

Food:

- Support from family, friends and neighbours – can provide more culturally familiar foods
- Mutual aid groups
- Community food projects

Medications:

- Some VCS organisations are picking up prescriptions on behalf of vulnerable people

Mental health:

- Helplines: national Samaritans 24/7
- GP support
- Treating secondary care mental health team if resident is an existing patient

Social isolation and loneliness: likely to have increased in prevalence amongst shielders

- Telephone befriending, CarersFIRST, and AgeUK

What else will need to be put in place:

Medication

- Pharmacies in England have been contracted to deliver medications to shielders as part of the community pharmacy pandemic delivery service, and may be able to extend this to those self-isolating (need to ensure robust local arrangements)

Childcare

- Plans for emergency childcare arrangements if no parent/guardian is fit to care for a child – will likely involve children's social services

Data on demand for help amongst self-isolators

- Regular analysis of NHS T&T data may help identify trends in numbers of residents being asked to self-isolate, and help pre-empt surges in need amongst them

Mental health

- Need to address the gap in mental health services to both Community Support Hubs and Housing services, particularly from secondary care

Resource capabilities and capacity implications:
As the NHS T&T system develops, it is likely that more Lewisham residents will be required to self-isolate. This could overwhelm the existing infrastructure for support with food shopping and collecting medications.

Links to additional information:
CEX Letter about shieling

COVID-19 Guidance to local authorities on support to Clinically Extremely Vulnerable individuals advised to shield
Supermarket toolkit final

Black, Asian, and Minority Ethnic (BAME) Communities

Objective:
The objective is to reduce new cases, and mitigate against the disproportionate impact, of COVID-19 amongst BAME communities.

Context:
Recent evidence reviews consistently show that BAME individuals are overrepresented in those who have died from COVID-19 (24). PHE have also published a report on the impact of COVID-19 on BAME communities, following stakeholder engagement, with clear recommendations for future action.

What's already in place:

- BAME networks: https://www.lewishamlocal.com/organisations-for-the-lewisham-bame-community/
- These are trusted BAME networks, which will be important in both helping shape future work around BAME populations, and also help to recruit residents for engagement
- A communications strategy and social marketing plan is being developed locally to provide local and national guidance in multiple languages and though other appropriate methods to ensure accessibility for all residents. This will include working with business who employee or are run by BAME populations to produce a variety of media such as videos to ensure all guidance related to businesses is accessible.
- Community participatory research is being undertaken to engage with and gain insight into the needs to the minority populations in Lewisham to help support and protect them during the COVID-19 pandemic which may include setting up bespoke testing offers for vulnerable communities.

What else will need to be put in place:

Data

- Comprehensive and quality ethnicity data collection and recording for local COVID-19 tests to allow better monitoring of disparities in those being diagnosed with COVID-19.

Rapid needs assessments

- These should be undertaken for local BAME populations, incorporating proactive participatory resident engagement to understand local and personal perspectives. Actions which arise from these should be co-produced with BAME residents. Engagement should be a continued process, instead of a one-off exercise.
- Existing, trusted BAME networks may be helpful to recruit participants for engagement.

Culturally competent individualised occupational risk assessments

- Increasing numbers of employers, including the Greater London Authority (Transport for London, The Metropolitan Police, London Fire Brigade) and the NHS, are conducting enhanced risk assessments for BAME staff to mitigate the disproportionate effect of COVID-19 on BAME individuals. Although this may be harder to enforce across all employers in Lewisham, both councils can lead by example to ensure that BAME council employees, particularly public-facing workers, are risk assessed to see if additional precautions can be implemented to reduce the risk of exposure to, and acquisition of, COVID-19.

Culturally competent communications:

- Communications plans should be developed in tandem with community and faith leaders to increase reach, mitigate the fear and stigma in communities arising from headlines around BAME and COVID-19, and to encourage communities to take full advantage of interventions (e.g. contact tracing, antibody testing etc)

Equitable access to education:

- BAME families may be reluctant to send their children back to school, for fear of increasing the risk of contracting SARS-CoV-2. Engagement with local BAME residents is needed to understand if this is an issue, and to what extent.

- Families who do not send their children back to school should be supported to ensure the children receive equitable access to education and are not disadvantaged. In partnership with local schools, this may include supplying tablets/laptops to families who cannot afford them, so that they can maintain schooling virtually.

Resource capabilities and capacity implications:
Staffing to rapidly mobilise the above actions

Links to additional information:
PHE report on the impact of COVID-19 on BAME communities
PHE report on the disparities in risks and outcomes of COVID-19
DIMTors of the World have published translated COVID-19 advice in 60 languages (written and audio), available here

Sex Workers

Objective:
The objective is to support sex workers during COVID-19, including those who may need to shield or self-isolate

Context:
Sex workers are amongst the most marginalised groups in society, and will likely have been, and continue to be, disproportionately impacted by COVID-19

The social distancing measures enforced during the pandemic will have significantly disrupted their ability to generate income. Sex work between consenting adults is legal in the UK (although associated activities, such as soliciting, are illegal). There is therefore some financial assistance available, in the form of the government's coronavirus job retention scheme for furloughed workers, but only if they were already registered as self-employed. It is unclear to what extent sex workers will benefit financially from this scheme.

Some sex workers may have been unable to stop 'in-person services' because of their financial difficulty, which will expose them to greater risk of contracting SARS-CoV-2. They may also act as vectors of infection. Others still may be impacted by the changes made by healthcare services, which may reduce accessibility to protective equipment (condoms, dental dams, femidoms etc) and timely consultation and investigations for sexually transmitted infections.

Sex workers are likely to experience or have experienced stigma and/or exploitation. It is important to recognise why contact tracing as part of the NHS T&T system may require particular sensitivity (in addition to the confidentiality afforded to all contacted) when it concerns a sex worker. This will be vital in securing their continued cooperation.

What's already in place:
General support

- National: Beyond the Streets
- Specific needs that emerge from financial hardships, such as food and accommodation, may be addressed through joined approaches with VCS organisations (emergency food parcels, regular food deliveries) and other LA workstreams (homelessness)

Protective equipment:

- Continue to make protective equipment freely available (condoms, dental dams, femidoms etc)

Access to healthcare:

- Existing sexual health clinics are being kept open, as far as possible, to allow sex workers to maintain good sexual health e.g. GUM clinics which still accepts new attendances, but on an appointment-only basis or through telephone triage to access a virtual or clinic appointment

What else will need to be put in place:
Financial hardship schemes:

- As above, which may obviate the need to continue in-person sex work during the pandemic

Access to healthcare:

- Encouraging STI testing particularly throughout the COVID-19 pandemic e.g. the Breaking the Chain: Time to test campaign

Resource capabilities and capacity implications:

Links to additional information:

Test now stop HIV campaign website

Substance Misusers

Objective:

The objective is to support substance misusers during COVID-19, including those who may need to shield or self-isolate

Context:

Substance misusers can face additional risks compared to the general population, associated with their substance misuse behaviours, environments and/or care. The rising drug misuse death rates in England over recent years has largely been attributed to the ageing opiate-misusing population, many of whom have long drug careers and high physical morbidity. Moreover, recent literature suggests that people who use drugs are disproportionately affected by chronic medical conditions, such as COPD and cardiovascular disease. This means that they are also likely to be more vulnerable to severe COVID-19.

The government's guidance for commissioners and service providers of substance misuse services outlines the key expectations of these specialist services during the COVID-19 pandemic. Of note:

- substance misuse services should stay open for existing and new service users
- changes will need to be made to medication prescribing and dispensing in accordance with rules on social distancing
- harm reduction measures, such as naloxone, thiamine, needle exchange, and e-cigarettes, should continue and be increased if possible

What's already in place:

- Alternative substance misuse service arrangements: adapted to follow social distancing guidance, whilst still maintaining access for new and existing clients, and ensuring uninterrupted prescribing of opioid substitution therapy (OST)
- Arrangements for prescribing and collection of OST if service users need to self-isolate suddenly

What else will need to be put in place:

Naloxone:

- Widen access to take-home naloxone, as well as training in its use, as this can prevent fatal opioid overdoses. There is an increased risk of potentially fatal overdoses if individuals restart drug use following a period of abstinence (e.g. from disrupted street drug supply)

Communications:

- Specific health promotion messages targeted to this cohort (e.g. not sharing any drug paraphernalia where respiratory droplets may be transmitted, such as cannabis joints, cigarettes, vapes, inhalation devices)

Harm reduction:

- Continue testing for blood borne viruses where possible to identify and treat them early; continue operating needle exchange services to prevent blood borne viruses and reduce risk of skin and soft tissue infections. Risk of infection with SARS-CoV-2 is increased for those sharing drug paraphernalia

Meaningful activity:

- These are helpful to upskill service users, and to distract any urges to relapse. Many activities in substance misuse treatment and recovery are face-to-face: groups, key working, education, training and employment activities. They will need to be delivered via alternative routes, such as online sessions, but some service users may not have the resources or ability to access the internet

Detoxification:

- Government guidance currently recognises that community drug and alcohol detoxification may need to be deferred during the pandemic, but options will need be considered to restart this where possible, as deferral will not be sustainable

Resource capabilities and capacity implications:

Staffing – need business continuity plans to be agreed locally in the event of significant staff absence due to illness

Demand for substance misuse treatment services may increase during, and after, the pandemic:

- Disruption to illicit drug markets because of COVID-19 may lead to reduced street supply of illicit drugs. This may increase demand for drug services
- The increased stress resulting from the general pandemic may increase the prevalence of alcohol use disorder, given that stress is a strong risk factor for its onset and maintenance.

Links to additional information:

Government's guidance for commissioners and service providers of substance misuse services

Homeless/rough sleeper

Objective:

The objective is to support homeless people during COVID-19, including those who may need to shield or self-isolate, and prevent outbreaks within this vulnerable population and support outbreak management

Context:

Homeless people experience significant health inequalities compared to the housed population and are disproportionately affected by a tri-morbidity of poor physical health, poor mental health, and increased rates of substance misuse. This contributes to accelerated morbidity and mortality: the age of death is significantly lower for homeless people than the general population, at 47 years for men (versus 79.5 years in the general population), and 43 years for women (versus 83.1 years in the general population). In sum, this means homeless people are therefore at greater risk of severe COVID-19, and more vulnerable to the impacts of COVID-19.

During the pandemic, councils have delivered a humanitarian response commensurate with the scale of both the crisis and level of need. On 26th March 2020, the Ministry of Housing, Communities & Local Government asked all LAs to source emergency accommodation for all rough sleepers, or those at risk of rough sleeping, and homeless people living in accommodation unconducive to self-isolation, as part of an 'everyone in' strategy - irrespective of their statutory entitlement to public funds. This has been achieved in the main by sourcing vacant self-contained units in hotels and bed & breakfasts, with individuals allocated private rooms with ensuite bathroom facilities. This requirement, however, is likely to end in the near future, with contracts between some LAs and hotels terminating towards the end of June/beginning of July. The government has also stated that the law regarding no recourse to public funds still remains in place, so the assistance that LAs can lawfully provide is limited.

What's already in place:

Emergency accommodation

- In Lewisham, rough sleepers have been offered emergency accommodation in a local hotel and shared accommodation.
- If you are currently rough sleeping or know someone who is rough sleeping that requires urgent assistance, contact Streetlink on their website or call 0300 500 0914. Streetlink can help to connect a person to local services and help them find support.

Substance misuse:

- Specialist service in-reach: provides wraparound support for homeless substance misusers. They can help accommodation staff troubleshoot substance misuse issues. They can also ensure smooth continuity of opioid substitution therapy prescribing to minimise the need to leave accommodation, and reduce the risk of relapse
- 'Wet' accommodation may be necessary to prevent potentially fatal alcohol withdrawal. It may be necessary to provide alcohol in small quantities to prevent withdrawal, and secure cooperation

What else will need to be put in place:

Medication:

- Develop relationships with local pharmacy to facilitate continued access to medications, including opioid substitution therapy. May require nominated staff members to collect medication, or pharmacies to deliver to accommodation sites

GP:

- Work to ensure this cohort is registered with a GP

Isolation Facilities:

- Work to ensure that for isolation purposes no more than one adult is housed in one room and that appropriate facilities are in place in case there is another wave of the pandemic to shield those where necessary

Food:

- Provision (3 meals a day, beverages etc) delivered to all homeless people living in emergency accommodation to prevent individuals from leaving their accommodation unnecessarily whilst self-isolating or shielding

Moving on/exit strategies:

- Emergency accommodation in the form of hotels and B&Bs are not sustainable, and the requirement on LAs to house everyone is likely to come to an end shortly.
- Exit strategies need to be developed to provide an offer of support to everyone in emergency accommodation to minimise the risk of individuals returning to sleeping rough, which may include moving residents onto more long-term housing (supported, private rented, social housing) or back to areas where they have a local connection.

No recourse to public funds:

- Moving on strategies for people with no recourse to public funds are particularly important but challenging. The government has stated that the law regarding no recourse to public funds remains in place (Luke Hall MP letter to LAs, 28th May 2020), so it is currently unclear what move on options local authorities can lawfully provide with respect to no recourse to public funds individuals. These will need to be considered with reference to the councils' duties under the Care Act 2014.

Substance misuse:

- Widen distribution of naloxone to mitigate against risk of overdose, as residents may be more likely to overdose if their use of opiates has been interrupted

Mental health in-reach:

- Delivered either by local teams (need to negotiate and agree terms) and/or remotely by existing treatment team if resident is a patient under their care. Need to address the gap in mental health services to both Community Support Hubs and Housing services, particularly from secondary care

Physical health in-reach:

- This gives the opportunity to provide routine medical care to a cohort who are more likely to delay seeking healthcare, and more likely to depend on unplanned emergency services. This is currently in place in Chatham.

Meaningful activity:

- Resident should have access to meaningful activity, given that education, training and employment opportunities are likely to have been paused during this period. This might include TVs, smartphones, internet access, books, and distraction packs

Community homeless provisions:

- Plans to allow community venues, such as soup kitchens, to re-open must consider how to overcome the challenge of social distancing (and lack of compliance with this guidance)

Resource capabilities and capacity implications:

- Staffing levels may become precarious in the event of a second peak – business continuity plans to be agreed
- Housing all homeless people is costly, and the future of national government funding remains unclear
- As the pandemic progresses, there may be new flows of rough sleepers/homeless people into Lewisham. Further accommodation may need to be sought for them, which will add pressure to scarce emergency accommodation placements and limited funds

Links to additional information:

NHS England and NHS Improvement COVID-19 clinical homeless sector plan
Groundswell's coronavirus advice for people experiencing homelessness
Government guidance for substance misuse commissioners and providers
Efforts to protect homeless people from COVID-19 in UK

Learning Disabilities

Objective:

The objective is to support people with learning disabilities during COVID-19, including those who may be shielding or self-isolating

Context:

Supporting people with learning disabilities takes skill and time. They may not understand concepts such as social distancing and self-isolation. They may require information in alternative formats. Service providers have highlighted the fear of those with a learning disability and their carers. These concerns will need to be considered when suggesting or providing testing for COVID-19. People with a learning disability can often have poorer physical and mental health than other people, which could increase their risk of developing severe COVID-19.

What's already in place:

Alternative communication formats to meet the needs of people with learning disabilities:

- NHS England guidance on learning disabilities and COVID-19: legal guidance; supporting patients unwell with COVID-19 in learning disability facilities; managing patients with a learning disability during COVID-19
- Mencap advice for people with a learning disability and families
- Social care institute for excellence COVID-19 guide for care staff supporting adults with learning disabilities
- COVID-19 videos for people with learning disabilities produced by Surrey and Borders Partnership NHS Trust

General support

- Community learning disability health team (Guy's and St Thomas')

Mental health:

- APT Lewisham is a free and confidential NHS service which offers a range of psychological therapies to adults 18 years and over, who live or are registered with a GP in the borough.
- South London and Maudsley NHS Foundation Trust (SLaM): provider of mental health and substance misuse services in Croydon, Lambeth, Lewisham and Southwark.

Physical health

- Learning disability annual health checks are part of the solution to prevent further morbidity and premature mortality. These have currently been paused in light of COVID-19 but work is ongoing to reset these

What else will need to be put in place:

Resource capabilities and capacity implications:

Links to additional information:

Travellers and other migrating communities

Objective:
The objective is to support people from Gypsy, Roma, Traveller and other migrating communities

Context:
Gypsy, Roma and Traveller communities experience severe health inequalities, with higher prevalence of some long-term conditions, which may make them more vulnerable to developing severe COVID-19. Shielding and self-isolation may be difficult for members of these communities due to the often confined and communal households, even when considering bricks and mortar accommodation, and restricted living conditions on accommodation sites. Some families will no longer have access to places they may have relied on for water and cleaning purposes, such as leisure centres, churches and petrol station toilets. Others may struggle to find permanent sites on which to pitch.

What's already in place:

Accessible communication:
- Specific guidance developed by Friends Families and Travellers for members of these communities
- Straightforward videos by The Travellers' Times offering general COVID-19 advice and FAQs

Equitable access to education:
- It is important that children in these communities are not disadvantaged due to digital exclusion or physical access to mainstream schooling.
- 'Tutors for GRT' project by Traveller Movement and King's College London's RomBelong programme to connect pupils to volunteer tutors, via WhatsApp video calls, Zoom, or e-mail

Access to healthcare:
- Gypsy, Roma and Traveller communities are already entitled to register with a GP if they reside within their practice boundary, even if they do not have proof of identification/address.

What else will need to be put in place:

Accommodation:
- Shielding and self-isolation may be difficult in confined and communal households. Local authorities may need to support these communities in accessing suitable accommodation from which to shield/isolate
- Families may be left without basic amenities (running water, sanitation, electricity) as permanent pitching sites, or places they normally rely upon, are closed or in short supply
- Need to consider LAs response to unauthorised encampments during this pandemic given above pressures on permanent sites – can consider 'negotiated stopping', or installing temporary rubbish disposal, washing and toilet facilities where possible

Communications:
- Future communications must be culturally competent and disseminated in accessible formats and languages for all members of these communities to understand
- Nomadic communities may lack internet access, which may limit their access to health guidelines, education and other online support resources. Temporary WiFi devices may be a quick solution to digitally connect these communities

Equitable access to education:
- Closure of schools and the switch to online learning may disadvantage pupils from these communities. Supplying digital devices (e.g. tablets, laptops) and WiFi access may make home learning easier.

Engagement:
- Need to understand their perspectives, and what support they require from lLAs, incorporating proactive participatory resident engagement where possible. Engagement should be a continued process, instead of a one-off exercise.

Access to healthcare: • Disseminate accessible information to Gypsy, Roma and Traveller communities to explain their right to register with a GP (see this leaflet). This will be a helpful starting point in addressing the stark health inequalities these communities experience
Resource capabilities and capacity implications: • Accommodation sites will already be under pressure • Funding to be able to provide digital and WiFi devices for children in these communities to continue home learning
Links to additional information: Friends Families and Travellers service directory of Gypsy and Traveller support organisations Friends Families and Travellers guidance for local authorities to support people living on traveller sites, unauthorised encampments and canal boats Chartered Institute of Housing guidance on assisting Gypsies and Travellers during the COVID-19 crisis Lord Greenhalgh's letter to local authorities on mitigating impacts on gypsy and traveller communities DIMTors of the World have published translated COVID-19 advice in 60 languages (written and audio), available here

Asylum Seekers

Objective: The objective is to support asylum seekers including unaccompanied asylum-seeking children
Context: In addition to current COVID-19 concerns, additional quarantine has been needed because there are active cases of tuberculosis (TB) in the camp at Calais. TB testing in unaccompanied asylum-seeking children has therefore also been required.
What's already in place: Government asylum support, including the asylum helpline for free help with asylum support or short-term support
What else will need to be put in place: **Communications** • Culturally competent communications, available in multiple languages, to help asylum seekers access appropriate health prevention and promotion materials **Accommodation** • This will need to be sought to allow individual asylum seekers to quarantine on arrival
Resource capabilities and capacity implications: Limited accommodation: quarantine requires each unaccompanied asylum-seeking children to have their own room for 14 days. There has been a need to find additional space to house all unaccompanied asylum-seeking children as numbers arriving in the ports continue to arrive.
Links to additional information: Government guidance for children's social care services on UASC